Contextualising abortion: a life narrative study of abortion and social class in neoliberal England

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Declaration

I hereby declare that this thesis has not been and will not be, submitted in whole or in part to another University for the award of any other degree.

Signature: .....

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Summary

This project is a narrative interview study of fifteen women who have had abortions in England since 2008. It aims to answer the questions:

1. How do women in England make meaning about their abortion experiences?
2. What aspects of their identities and life experiences contribute to this meaning-making?
3. In particular, how does class structure this meaning-making?

England is in the midst of a long-term political project of austerity and neoliberal governance which has prompted renewed sociological attention to the issue of social class. In this context, discourse on abortion reflects and reproduces societal beliefs about gender, class and reproduction: who should reproduce; who has a legitimate 'excuse' *not* to reproduce; and what judgement should be passed on women who choose to end their pregnancies. Through the work of Beverley Skeggs and Michel Foucault, this study examines how women who have had abortions in this context make meaning about their experiences, and how class and gender are constructed in their narratives.

This study contributes to literature on the internalisation of neoliberal modes of self-governance in relation to reproduction. It argues that the process of requesting an abortion extends a demand to women to perform *precarity* in ways that are more possible for some women than others. Abortion narratives are therefore shaped by access to classed 'discursive resources,' and the women's relationships to *responsibility* were also shaped by their class positions.

Finally, this study contributes to the rich literature on abortion *stigma* by applying the Foucauldian concepts of biopolitics and governmentality to abortion narratives, arguing that abortion experiences in contemporary England are shaped by the confluence of abortion stigma, the neoliberal injunction to self-regulate, and the societal construction of womanhood as biologically painful.

Using Foucault's concept of 'technologies of the self,' I conclude that through these women's accounts, the specific regulatory practices that produce middle-class womanhood can be better understood. The study therefore explores how wider processes of neoliberal governance might be insinuated, embodied, and resisted by individual women.

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Chapter One: abortion, class and meaning-making

This thesis is about three things: abortion, class, and meaning-making. Despite it being a relatively common phenomenon – approximately 1 in 3 women will have an abortion in her lifetime (Jones and Kavanaugh, 2011) – abortion stigma persists, resulting in silence, shame and secrecy for those who have them[1] (Hoggart, 2012; Kumar, Hessini and Mitchell, 2009; Shellenberg et al., 2011). In the UK, abortion is understood through legal, medical and moral discourses which construct it as an anomalous outcome of pregnancy, and as 'undesirable but necessary' (Shellenberg et al., 2011); this does not necessarily reflect the understanding of those who have abortions, whose experiences are often more complex (Hoggart, 2012; Lattimer, 1998).

Women in contemporary England are having abortions in the midst of a long-term political project of austerity and neoliberal governance which has prompted renewed sociological and public attention to the issue of social class (Reay, 2011; Savage et al., 2013; Tyler, 2015a). This is relevant to work on abortion experiences as discourse on abortion often reflects and reproduces societal beliefs about gender, class and reproduction: who should reproduce; who has a legitimate 'excuse' *not* to reproduce; and what judgement should be passed on women who choose to end their pregnancies (Kumar, Hessini and Mitchell, 2009). These contemporary conditions in the UK create an imperative for new research which contextualises the experience of ending a pregnancy within this socio-historical moment, and the worsening inequalities which have accompanied it (Piketty, 2014).

Whilst work on abortion and social inequality has been done before, it has often approached class as an *a priori* category, or defined class in predominantly economic terms (e.g. Lee et al., 2004; Press, 1991). This work therefore tends to elide the cultural and social dimensions of class that may be relevant to the experience of having an abortion. The 'cultural turn' in class analysis – in particular, the feminist, poststructural work within this tradition – offers a useful framework to re-examine abortion and social class in a novel way (Adkins and Skeggs, 2005; Skeggs, 2004). Rather than looking for differences in abortion experiences between people in different socio-economic categories, this framework seeks to deconstruct those very categories. Contemporary

[1] Whilst those who have abortions do not always identify as women, most do, and the discourse around abortion is heavily gendered. See page 21 for a note on gendered language.

poststructural work on class therefore provides a framework to examine how gender and class are constructed through abortion narratives, and enables an analysis of how these social classifications occur; who has the power to classify; and how these classifications might be resisted.

Research questions

It is this framework with which this study begins. The questions it seeks to answer are:

1. How do women in England make meaning about their abortion experiences?
2. What aspects of their identities and life experiences contribute to this meaning-making?
3. In particular, how does class structure this meaning-making?

In order to answer these questions, I interviewed fifteen women who had had abortions in England since 2008 over the course of a year of fieldwork from September 2015 to September 2016. I used the life story interviewing method, a narrative form of interviewing which aims to capture a full picture of an individual life. Whilst the study was open to people of any social background, the study's methodology and recruitment methods (as discussed in depth in Chapter Three, p. 60) resulted in a group of participants with some striking similarities. All fifteen participants had at least one University degree, several more had been educated to Masters level, and four participants had completed or were undertaking PhDs. Whilst educational attainment is by no means a direct measure of class, all of my participants had acquired a certain amount of 'cultural capital' through their studies and subsequent careers in, for example, academia, teaching, and third sector work (Bourdieu, 1984). As a result, this study's analysis of class focuses particularly on 'middle-classness' and my participants' various relationships and proximities to it (although see p. 23 for a note on class terminology).

The experiences of these fifteen women cannot and should not be taken to represent the general experience of all those who have abortions, in England or elsewhere. Indeed, the purpose of qualitative interviewing is rarely to make generalisations, but to examine particular phenomena in depth (Kvale, 1996). What these fifteen women's narratives give insight into, therefore, are the processes by which individuals make meaning about their abortion experiences. The use of the life story interview method has facilitated an

analysis of this meaning-making process and its connection to the women's identities and life experiences, particularly those shaped by gender and class.

Why abortion?

Abortion is positioned in international humans rights discourse as a fundamental right (Mandhane, 2004; Rebouché, 2016). However, across the globe, abortion might be decriminalised, legalised, or entirely criminalised dependent on the country or province. In addition to its variable legal status across the globe, abortion is routinely stigmatised, and its morality is continually debated in public discourse (Kumar, Hessini and Mitchell, 2009; Purcell, 2015). These debates are heavily gendered, shaped by cultural and historical ideas about normative womanhood (for example, that motherhood is a natural role for women), or philosophical ideas about the personhood of the foetus (Kumar, Hessini and Mitchell, 2009). As Rosalind Petchesky argues, abortion is 'the fulcrum of a much broader ideological struggle in which the very meanings of the family, the state, motherhood, and young women's sexuality are contested' (1990, p.vii).Therefore, researching how women who have had abortions negotiate this stigma and form understandings of their experiences offers insight into the construction of gender and other intersecting identities in broader society; abortion is in this sense 'an entry point into the study of social life' (Ginsburg and Rapp, 1995, p.1).

Abortion is therefore an important object of sociological interests for two reasons. One is that it is a relatively common, gendered experience, yet is cloaked in shame and secrecy; therefore, it is of sociological interest to examine how women experience and create meaning about it. The second is that abortion provides an interesting way to access sociological understanding of a much broader range of issues, including gender and class.

Abortion in the UK

Abortion was legalised in the UK in 1967 with the passage of the Abortion Act. Since that date, anyone living in England, Scotland or Wales (Northern Ireland, whilst part of the UK, retains its criminalisation of abortion) could ostensibly access abortion services safely and legally. The Act reads:

[A] person shall not be guilty of an offence under the law relating to abortion when a pregnancy is terminated by a registered medical practitioner if two registered medical practitioners are of the opinion, formed in good faith—

> (a) that the pregnancy has not exceeded its twenty-fourth week and that the continuance of the pregnancy would involve risk, greater than if the pregnancy were terminated, of injury to the physical or mental health of the pregnant woman or any existing children of her family; or
>
> (b) that the termination is necessary to prevent grave permanent injury to the physical or mental health of the pregnant woman; or
>
> (c) that the continuance of the pregnancy would involve risk to the life of the pregnant woman, greater than if the pregnancy were terminated; or
>
> (d) that there is a substantial risk that if the child were born it would suffer from such physical or mental abnormalities as to be seriously handicapped (Abortion Act, 1967).

The majority of abortions in England and Wales (97%) are performed under the first ground set out in the Act (that abortion under 24 weeks would be safer for a woman's physical or mental health than pregnancy) (Department of Health, 2017). The vast majority of abortions are performed under 13 weeks gestation (92% in 2016), and there has been a steadying increase reported in the proportion of abortions being carried out under ten weeks since 2006 (Department of Health, 2017). Abortions which are carried out over the 24-week time-limit – legal only in cases of danger to the life or physical health of the pregnant person or in cases of 'severe foetal abnormality' – accounted for 0.1% of the total in 2016 (Department of Health, 2017).

The increase in the proportions of abortion at early stages of pregnancy can be partly explained by advances in abortion technology and methods in the years since legalisation. In general, abortion methods are split into two categories: surgical and medical. Surgical abortions are performed by a surgeon, with the patient often under general anaesthetic or conscious sedation, and can range from a simple suctioning procedure to a more invasive surgical removal of the foetus, depending on the advancement of the pregnancy. Medical abortion is, in contrast, administered with a combination of medicines that induce miscarriage, and does not require surgery. The abortion medication Mifegyne was licensed in the UK in 1991, when only 4% of abortions were undertaken using a medical procedure (Department of Health, 2017). Since then the proportion of medical abortions has more than doubled in the last decade in England and Wales from 30% in 2006 to 62% in 2016, and this has been the most

common method of abortion since 2014 (Department of Health, 2017). In Scotland this rate is even higher, with 81% of abortions using the medical method (Information Services Division and NHS Scotland, 2015). Medical abortion has been argued to be more convenient, marginally safer, and less resource-heavy than surgical methods (Berer, 2005).

In terms of provision, the National Health Service (NHS) now funds 98% of abortions in England and Wales, with 68% of these taking place in the independent sector under NHS contract (Department of Health, 2017). In comparison, over 50% of abortions performed in 1981 were privately funded. Those who have abortions are not automatically entitled to NHS-funded services, but although wide funding disparities previously existed in different areas of the UK, most women today do not have to pay out of pocket for abortion services (Lee et al., 2004). Abortion remains illegal in Northern Ireland despite being part of the UK; in 2016, 724 Northern Irish women travelled to England in order to have abortions (Department of Health, 2017). In July 2017, the government agreed to extend NHS funding to women in Northern Ireland who travel to England, something that they had been previously denied.

Abortion in England and Wales is therefore generally free to access, and is regulated by a relatively liberal legal framework that leaves the approval of abortion requests to medical professionals' discretion. The situation is similar in Scotland, with some differences in provision – it is harder to access abortion over 16 weeks, for example, meaning Scottish abortion seekers must travel to England to have these later procedures (Beynon-Jones, 2012). Northern Ireland remains the region of the UK with the strictest abortion regulations, banning the procedure except in circumstances that threaten the life of the pregnant person, or when there is a serious or permanent risk to their mental or physical health.

Abortion law, policy, and public attitudes

Aside from amendments introduced by the Human Fertilisation and Embryology Act 1990, which introduced the 24-week time limit for subsection (a) and removed the time limit from the remaining subsections, the Abortion Act has remained largely unchanged since the 1960s. Over 50 additional amendments have been debated in Parliament, but none have succeeded in changing the legislation (Sheldon, 2017). It has been suggested that this is in part due to the 'medicalised' nature of the Act; in other words, its reliance

on medical authority and the 'good faith' opinions of doctors construct abortion as a private, medical matter rather than a social or political one (Sheldon, 1997). This has been both an advantage and a disadvantage for abortion advocates; reliance on medical opinion has prevented the legal time limit from being lowered from 24-weeks, for example, as before this point a foetus cannot survive outside the womb unassisted, but the same valorisation of medical opinion means approval for abortion remains, paternalistically, in the hands of physicians.

Whilst abortion legislation has remained largely unchanged since the 1960s, the provision of abortion, as well as physicians' and the public's attitudes towards it, *has* shifted over the decades since legalisation. The medicalised nature of UK abortion law means that debate and discussion around abortion law and practice often focuses on the role of physicians. Malcolm Potts, a human reproductive scientist who advised in the development of the 1967 Act, has argued that the Act 'is not about women, it is about medical practice' (Potts, 2017), and as medical practice has shifted more generally, so has the provision of abortion. The responsibility the Act places in the 'good faith' of doctors means the law can be interpreted restrictively or liberally, depending on the conscience of physicians and prevailing cultural mores. Sally Sheldon has argued that doctors' interpretations of the Act have shifted along with a more general shift in medical practice from beneficence to upholding patient autonomy; while it might have been common practice in past decades for doctors to ask extensive, even invasive questions of women seeking abortion, today physicians are more likely to see their requirement to approve abortion decisions as burdensome and unnecessary (Lee, 2017a; Sheldon, 2017). The Royal College of Obstetricians and Gynaecologists stated in 2007, however, that there was a 'slow but growing problem of trainees opting out of training in the termination of pregnancy' (Royal College of Obstetricians and Gynaecologists, 2007), suggesting that there may also be an upward trend in the numbers of clinicians conscientiously objecting to abortion. The Abortion Act 1967 gives clinicians the right to conscientiously object to abortion and opt out of performing the procedure, although objectors are still obliged to provide necessary treatment in an emergency and to refer abortion seekers on to a colleague who can provide care for them.

In terms of public attitudes to abortion, there has been a trend of liberalisation of attitudes in the decades since legalisation. The British Attitudes Survey in 2012 asked members of the public whether the law should allow abortion when a) the woman's

health is seriously endangered by the pregnancy, and b) when the woman decides on her own she does not wish to have a child. 90% of people supported abortion in case a) and 62% in case b), with 34% opposing (Park et al., 2013). In 1983, the same survey found 87% support for case a), and 37% supported case b), with 55% opposing. Whilst this demonstrates that public support for abortion has increased over the years, it also demonstrates that clear moral distinctions are made between 'deserved' and 'undeserved' abortions. This is a finding corroborated by other research which has noted the 'hierarchy' of abortion reasons which renders certain abortions 'understandable', for example abortion in the case of rape or risk to the pregnant person, and others morally questionable, such as not wanting to have a child (Cockrill and Nack, 2013; Shellenberg et al., 2011).

Despite its liberal legal position in the UK, these types of moral distinctions in public attitudes to abortion demonstrate that it is nevertheless stigmatised, meaning many women who have abortions are selective about to whom – or whether – they talk about it (Major and Gramzow, 1999). Abortion stigma is based on societal beliefs about womanhood, motherhood and responsibility; for example, that women naturally desire to have children, and that one must therefore have an exceptional reason for choosing to end a pregnancy (Kumar, Hessini and Mitchell, 2009). Campaigners for the decriminalisation of abortion in the UK argue that doing so will normalise abortion, combat stigma, and reduce the burden on – and public scrutiny of – abortion providers (British Medical Association, 2017); however, there is no indication that such a great legislative change is on the horizon for an Act which has remained largely unchanged for five decades.

Abortion therefore enjoys a relatively liberal medical and legal framework in the UK, and increasing social support. However, it remains a stigmatised procedure, and its approval remains in the hands of doctors rather than the pregnant individual. There have been recent calls to develop a more substantial 'sociology of abortion experiences' which starts from women's lived experiences and seeks to understand abortion as a social phenomenon (Purcell, 2015). This study seeks to contribute to this sociological endeavour by analysing women's abortion experiences in contemporary England, particularly in relation to class.

Why class?

Understandably, most research on abortion focuses primarily on gender. An issue at the heart of feminist organising for decades, abortion has been positioned as a fundamental right necessary for women's liberation and full participation in social life (Petchesky, 1990), and contemporary work has explored how abortion stigma is rooted in patriarchal ideas of normative womanhood (Kumar, Hessini and Mitchell, 2009). However, previous research has also suggested that abortion experiences, access and attitudes are affected by social class (e.g. Lee et al., 2004; Press, 1991). For example, young women are more likely to have abortions if they are from more affluent areas (Smith, 1993; Walkerdine, Lucey and Melody, 2001; Lee et al., 2004), and assumptions about social class factor into doctors' decisions about whose abortion requests are most legitimate (Beynon-Jones, 2013). However, recent research has not examined how class structures abortion experiences through analysis of women's narratives.

In particular, there is a strand of sociological class analysis that has not yet been widely applied to work on abortion, despite its relevance. The 'cultural turn' in class analysis sought to move away from macro-scale, materialist analysis of class, looking beyond the economic to examine cultural, social and embodied aspects of class, working with and through the work of French sociologist Pierre Bourdieu. Bourdieu's approach to class was to conceptualise it as a 'system of exchange' of capitals – economic, social and cultural – that could be symbolically legitimised or devalued. For example, his most famous work, *Distinction*, examined how the value of 'taste' was assigned to certain cultural activities and ways of dressing, speaking and acting by those with high 'cultural capital' (non-economic assets like education) (Bourdieu, 1984). This process, Bourdieu argued, served to maintain the position of the powerful by denying those with less cultural capital the mobility to access more. Building on Bourdieu's work, Beverley Skeggs' influential works *Formations of Class and Gender* (1997) and *Class, Self, Culture* (2004) examined the relationships which make possible the 'system of exchange' upon which class is based. She argued that there was a moral dimension to class which was marked or 'inscribed' on people's bodies, and that marginalised people's struggles against this process of inscription was a key site of class struggle.

The relevance of this strand of class analysis to work on abortion is through its emphasis on embodiment and struggles over meaning. An important contribution of Skeggs' and those working in the same tradition – including Lisa Adkins, Diane Reay,

Angela McRobbie and others (see Adkins and Skeggs, 2005) – was to theorise gender and class together; furthermore, this work highlighted how the concepts of class, gender and reproduction were intimately entwined. For example, Skeggs' work on the inscription of moral value to classed bodies argued that working-class women's bodies have historically be associated with excess, dirt, and promiscuity, against which middle-class femininity was constituted as restrained, controlled, and chaste (1997). The longevity of these moral judgments can be seen in the vilification of working-class mothers, figured in the public imagination as women who irresponsibly reproduce, are promiscuous, and are lazy (Nayak and Kehily, 2014; Tyler, 2008). In contrast, other researchers have analysed the contemporary production of middle-class femininity through institutions like education, where young middle-class women are taught the value of delaying child-bearing, promoting their cerebral lives (by continuing education or establishing successful careers) above 'base' activities like reproduction (Walkerdine, Lucey and Melody, 2001).

Therefore, cultural class analysis offers a useful framework to examine how meaning is made about abortion. The decision to end a pregnancy is held against legal, medical and moral frameworks which determine how 'legitimate' that decision is; it is useful not only to examine how this judgment is made in relation to gender norms (as previous research has done e.g. Kumar et al., 2009), but also how classed 'systems of exchange' might be involved in this (de)legitimisation. There exists an opportunity to examine how the cultural aspects of class structure the narratives of women who have had abortions, particularly in the context of post-financial-crash Britain.

Why now?

This study is timely for a number of reasons. It began during the run-up to the 50th anniversary of the legalisation of abortion in England, Scotland and Wales, during which academics, activists and abortion providers have been reflecting on the progress that has been made since 1967, and what progress is yet to be made. During this time, abortion has been in the public eye in England for three main reasons: repeated attempts by newspapers to 'expose' bad practice in abortion clinics; political attempts from Members of Parliament (MPs) to amend the Abortion Act; and attention being drawn to its criminalisation in Northern Ireland. In 2006 and 2012, the House of Commons debated reducing the abortion time limit from 24 to 21 weeks, challenging medical consensus that the 24-week limit is sufficient. Whilst this amendment was rejected,

2012 saw prominent Conservative politicians such as then Health Secretary Jeremy Hunt, Home Secretary Theresa May, Culture Secretary Maria Miller and the Prime Minister, David Cameron, publicly supporting a reduction in the abortion time limit, in Jeremy Hunt's case to 12 weeks (BBC News, 2012).

In the same year, an exposé in the newspaper the *Daily Telegraph* suggested that doctors were permitting sex-selective abortion (SSA), which the *Telegraph* argued was illegal (Newell and Watt, 2012). Ultimately, the two doctors involved in the exposé were not charged with any crime (Crown Prosecution Service, 2013); however, in November 2014, the Abortion (Sex-selection) Bill was given its first reading in Parliament, sponsored by Conservative MP Fiona Bruce. The bill sought to 'clarify' the law around abortion by explicitly criminalising SSA. The bill was ultimately voted down, and the debate on sex-selective abortion was critiqued for its racist undertones, based as it was on concerns that SSA was prevalent among South Asian women bringing the practice into the UK from their home countries (Dubuc and Coleman, 2007; Purewal and Eklund, 2017; Unnithan and Dubuc, 2017).

Abortion law has most recently been in the public eye following the UK General Election 2017. After the Conservative Party began talks with the Northern Irish Democratic Unionist Party (DUP) in order to form a majority in Parliament, the English press ran a number of stories which highlighted the DUP's 'extreme' views, including its strict anti-abortion stance which was labelled as 'deeply worrying' by a spokesperson for the abortion provider bpas. (De Payer, 2017; Oliphant, 2017; Syal, 2017). Following the election, Labour MP Stella Creasy proposed an amendment in Parliament to reverse the long-held policy of charging fees to Northern Irish women who travel to England for abortions; anticipating a defeat in Parliament, the government unexpectedly announced that it would agree to changing the policy, no longer charging women traveling from Northern Ireland (although women still have to find money to cover travel and accommodation) (Elgot and McDonald, 2017). Whilst this issue was not new, and Northern Irish campaigners have been calling for a repeal of this policy and the law criminalising abortion for many years, the outcome of the General Election has put the spotlight on Northern Irish issues which the English press has been criticised for ignoring in the past (Davidson, 2017). Whilst the DUP's stance on abortion and the criminalisation of abortion in Northern Ireland has been recognised as 'extreme,' the contrast between the 'extreme' views of the DUP and those of English politicians was

somewhat muddied by a recent interview in which Conservative MP Jacob-Rees-Mogg, widely tipped to be a contender for the next Conservative Party Leader (and, therefore, Prime Minister), stated that he opposed abortion 'in all cases' (BBC News, 2017).

Abortion has therefore been in the public eye in recent years in such a way as to challenge the prevailing wisdom that abortion law and policy in the UK is unlikely to be effectively challenged due to its framing as a private, medical issue, in contrast to its framing in, for example, the USA where the issue is a hotly debated public, political and moral issue (Sheldon, 1997). Ellie Lee has suggested that the criticism and attempted prosecutions of abortion providers in the past five years challenges the critiques of abortion as highly 'medicalised', if abortion providers' discretion is no longer implicitly trusted (Lee, 2014). Most relevant to this study is the fact that these debates are occurring during a period of healthcare reform in the UK, including the increasing privatisation of the National Health Service, itself part of a broader political project of austerity and reformation of the welfare state.

Neoliberal times

This study recruited those who had had abortions from 2008 onwards. Chapter Three provides more detail about the inclusion and exclusion criteria for this study ('Recruitment,' p. 72), but the choice of 2008 as a watershed was made because this was the year of the global financial crisis. There have been a number of useful analyses of the financial crash, caused by the selling of sub-prime mortgages in the US and a subsequent collapse and public bail-out of large investment banks (for a sociological analysis, see Dinerstein, Schwartz and Taylor, 2014), but it was the subsequent global ramifications of this crisis which have formed the socio-political context of this study. To understand the current social and political landscape in the UK, it is necessary to trace the development of neoliberal forms of governance and the resurgence of the ideology of austerity as a response to the crisis.

Neoliberal ideology is characterised by an extension of the logic of the market to all areas of social life, breaking down the separation of the social and the economic (Lemke, 2001). In structural terms, this entails reduction of the welfare state, privatisation, deindustrialisation, and the flexibilisation of the labour market, in the name of increasing productivity and economic returns (Atkinson, Roberts and Savage, 2012). This shift has been accompanied by an individualisation of responsibility as the

state offloads responsibility for its citizens' well-being onto individual citizens, and corporations shift economic risk to workers through reducing benefits, pensions, and job security (Horning, 2012).

Using the work of Henry Giroux, Jessica Francombe-Webb and Michael Silk (2016, p.654) define the key tenets of neoliberalism as being to:

> …purge the system of obstacles to the functioning of free markets; celebrate the virtues of individualism (recast social problems as individual problems); foster economic self-sufficiency; abolish or weaken social programmes; include those marginalized into the labour market on the market's terms (such as through the workfare scheme); and, criminalize the homeless and the urban poor.

It was at the end of the 1970s that neoliberalism began to 'blossom' in the UK, exemplified by the policies of Conservative Prime Minister Margaret Thatcher (Atkinson, Roberts and Savage, 2012). Whilst Thatcher left office in 1990, Tony Blair's New Labour government from 1997 to 2007 embraced elements of neoliberal ideology. New Labour's policies were heavily shaped by sociologist Anthony Giddens, who argued that selfhood was no longer constrained by birth but was a reflexive 'project,' allowing people to adapt to wide-scale changes like globalisation and the casualisation of labour by becoming 'responsible risk takers' (Giddens, 1991). Crucially, this approach argued that social class was no longer a relevant concept in contemporary society; Tony Blair famously said in his 1999 Labour Party Conference speech that 'the class war is over. But the struggle for true equality has only just begun' (Blair, 1999).

This political truism has proven to have an enduring longevity. Following the financial crisis, the UK was launched into a period of recession, and after Tony Blair's successor Gordon Brown held the position of Prime Minister from 2007 to 2010, a Coalition government of the Liberal Democrats and the Conservative party were elected in 2010. The Coalition's emergency budget in response to the 'reckless borrowing' (Cameron, 2008) of the previous Labour government introduced wide-ranging cuts to public spending, including reforming the welfare system and accelerating the privatisation of the National Health Service. Since the election of a majority Conservative government in 2015 (reduced to a minority government in June 2017), social welfare reforms have included caps on amount of benefits working-age people can receive, new rules on the size of state-provided accommodation, and stricter tests for those claiming disability benefits, in order to 'incentivise' people to work and dissuade reliance on welfare (Francombe-Webb and Silk, 2016). These neoliberal policies are 'prefigured on the

need to dismantle the basic institutional components of the post-war social welfare consensus, and mobilise policies intended to extend market discipline, competition, and commodification throughout society' (p. 653).

This regime of austerity created a battleground which has continued to be the site of struggle to the present day, due to the attempts of the government and sections of the British media to create consensus for austerity by placing blame on already marginalised and reviled groups such as welfare claimants (Jensen, 2014a). Sociological commentary has noted the intensification of politically charged, divisive rhetoric dividing the 'strivers' – the group identified by the Conservative conference in 2012 as hard-working, deserving citizens – from the 'skivers' who claimed benefits fraudulently, avoided work and whose maintenance was over-burdening the bloated welfare budget (Jensen, 2014b). In response, those most affected by austerity have protested the expectation that they bear the burden of these cuts, from disabled people protesting the dehumanising assessments they are now required to undergo in order to receive assistance from the state (Leaney, 2016) to the Focus E15 group of mothers rejecting the proposals to 'develop' the council estate on which they live as part of a selling off and lack of replacement of social housing (Focus E15 Campaign, 2017).

Biopolitics and the 'expunging of class'

Michel Foucault called the governing of populations and the governing of individual bodies under neoliberal states 'biopolitics' (Foucault, 2008, 1978, 1977). Biopolitics is concerned with fostering life and managing 'healthy' populations, activities which are not neutral but are concerned with maintaining power and knowledge, for example, through collecting vast amounts of statistical information about populations and establishing 'norms' in order to more effectively govern (Foucault, 1978). Neoliberal biopolitics in the UK has been framed using the rhetoric of equality, fairness and 'health,' a framing that has masked the perpetration of deepening economic inequality and the scapegoating of marginalised groups in society for austerity (Tyler, 2013).

The operation of neoliberal biopolitics in relation to abortion can be most clearly seen in the debate around sex-selective abortion discussed earlier in this chapter (p. 16). The concern about SSA was framed as one of gender equality, based as it was on the belief that South Asian women in the UK were aborting female foetuses due to a culture of 'son preference' in their communities (despite the fact that there is little evidence this

practice is widespread in the UK; see Purewal and Eklund, 2017; Purewal, 2014; Unnithan and Dubuc, 2017). Navtej Purewal and Lisa Ecklund have argued that attempted criminalisation and vilification of SSA positions South Asian women as 'deviant aborters,' and their entitlement to reproductive healthcare is being questioned in an era when healthcare provision is presented as being 'finite, and under threat' (Purewal and Eklund, 2017, p.2). Attempts to criminalise SSA in the UK have allowed the state to 'sharpen its disciplinary function without addressing broader issues of social welfare, support for vulnerable groups, or social equity' (p. 9); thus, whilst being framed as a pursuit of equality, the attempted criminalisation of SSA in the UK is an expression of a biopolitical urge to govern not only the population as a whole, but also the individual reproductive lives of a specific section of society. Whilst the proposed amendment to criminalise SSA was ultimately voted down in Parliament, the debate was argued to have undermined solidarity and collectivity in abortion advocacy by dividing women who seek abortions into legitimate and 'deviant' categories, a division which has been 'institutionalised' as a social problem (Lee, 2017b; Purewal and Eklund, 2017).

This manoeuvre of framing regulatory practices with the rhetoric of neutrality and equality has been argued to be a key mechanism of neoliberal governance (Tyler, 2013). For example, Imogen Tyler has argued that the language of class has been 'expunged' from political vocabulary through a deliberate and sustained effort. Instead, terms like 'strivers' are employed to describe citizens who choose to work hard and earn their place in society, and the label 'underclass' has been designated to describe those who have 'chosen' a lifestyle of welfare dependency, as opposed to being a class formed by exploitation and unequal power relations (Tyler, 2013, p.186). At the same moment as class is denied, therefore, the basis of austerity politics and widening inequality in the UK is based on a project of classification and distinction, *the very process which class describes* (Tyler, 2015a). Whilst older forms of class groupings that describe historically specific conditions may now be outdated, the *act of classification* and struggles against it are very much alive.

This socio-political context means that sociological analysis of class is an urgent endeavour. As Valerie Walkerdine, Helen Lucey and June Melody have argued, 'class still insists upon its presence even in the midst of its remaking […] class has not gone away, and the challenge is to understand the new forms it takes' (Walkerdine, Lucey

and Melody, 2001, p.4). This study aims to contribute to this understanding of the 'new forms' class has taken by focusing on experiences of abortion, which have been somewhat overlooked by researchers working in this tradition of 'cultural' class analysis. The systems of classification and distinction which characterise contemporary UK politics are intimately concerned with women's reproductive lives, raising for public debate questions of who should reproduce and who should not, and who deserves state support and who is too feckless to deserve it. In other words, contemporary abortion experiences are located in a specific form of neoliberal biopolitics. It is within this context that women in England are making decisions about their reproductive lives, and the context that has shaped the direction of this study.

A note on language

I wish to draw attention to several language choices I have made throughout this thesis. First, the use of the term 'abortion' to refer to the voluntary termination of a pregnancy. Second, my decision to use the term 'women' to describe those who have abortions, rather than a gender-neutral term. Finally, the use of the terms 'middle-class' and 'working-class.'

Abortion

Throughout this thesis, I use the term 'abortion' to refer to the voluntary termination of pregnancy. In medical literature, this is often referred to as 'induced abortion' to distinguish it from 'spontaneous abortion,' another word for miscarriage of pregnancy. Not all the women I interviewed for this study used the term 'abortion' to describe their experience, but all of them met the criteria of having voluntarily terminated at least one pregnancy. Since some participants preferred alternative terms like 'termination,' I mirrored the language women chose to describe their experience during interviews, but apart from direct quotations from interviews I have used the term 'abortion' throughout the thesis.

Gendered terminology

It has been argued that in discussing reproductive rights, it is useful to use gender-neutral terms rather than implying that women are the only people who need to access abortion services (Everyday Feminism, 2016; Nixon, 2013). Anyone who has the capacity to become pregnant can have an abortion, and that person's gender identity is separate from their reproductive biology (Fausto-Sterling, 2000; Wittig, 1992). Using

the term 'women' to stand in for 'people who have abortions,' it is argued, implicitly lends support to essentialist and transphobic discourse, discourse which enables symbolic and material violence on trans and gender non-conforming people (Everyday Feminism, 2016). It also erases and misgenders trans people who have abortions.

Throughout this thesis, I have often chosen to use the term 'women' more often than a gender-neutral alternative (although I have used gender-neutral terms in places). This is not to be taken as an expression of the belief that only women have abortions, or that biological traits like possessing a womb make one a woman; indeed, I firmly disagree with this essentialist approach to gender (as argued in Chapter Two, 'Intersections of class and gender,' p. 32). I have chosen to use the term 'women' more often than a gender-neutral alternative for two reasons. The first is that whilst the study was open to people of all genders, all the people interviewed for this study identified as women. Therefore, when writing about my participants or the conclusions I can draw from their interviews with me, I have identified that they reflect women's experiences specifically.

The second reason is that the abortion debate is gendered and dominant discourses about reproduction position women as possessing the capacity to reproduce. This social construction is central to understanding how abortion is provided, debated, legislated, stigmatised, and experienced. This equation of womanhood with reproduction hurts women, as argued throughout this thesis; it also harms people of other genders. It makes it difficult for trans people to access reproductive care, for example, and several countries require trans people to be sterilised if they wish to medically transition or have their gender be legally recognised (Mitu, 2016; Nixon, 2013).

In summary, whilst the argument to use gender neutral language is important, I have more often chosen to use the term 'women' in recognition of the fact that the huge majority of people undergoing abortions are people who have been compelled to lead their lives as girls and women by binary systems that assign gender at birth based on biological traits. In doing so, I also draw attention throughout the thesis to the effects that this imposition of an essentialist view of gender has on my participants' narratives, including the moments when they drew attention to or subverted it.

Who is 'middle-class'? Who is 'working-class'?

My participants rarely described themselves in interviews as belonging to a particular class. This is not unusual, as ambivalence about or dis-identification with class labels is common (Savage, Bagnall and Longhurst, 2001); Beverley Skeggs has for this reason described class as a 'structuring absence' in people's personal narratives (Skeggs, 1997). Furthermore, it has been argued that the traditional model of class categorisation (working, middle, upper) is no longer relevant, as they describe a historically-specific set of labour conditions which have shifted in the wake of globalisation and deindustrialisation (Savage et al., 2013).

Imogen Tyler has argued that sociologists of class must question not what class *is*, but what class *describes*: inequality, with exploitation at its heart, and struggle against this inequality (Tyler 2015). Tyler's definition of class puts this concept of classificatory struggle at the centre of class as 'a description of a given place in a social hierarchy [and a] name for the political struggles *against* the effects of classification' (2015a, p.507, my emphasis). If, therefore, social class is both an identity or position and a struggle against classification, this leaves sociologists of class the dilemma of studying class without appealing to or reifying essentialist categories. Tyler warns against revalourising historic class categories as well as the practice of creating new ones as these practices are not merely descriptive, but performative, and have power. Instead, she suggests that sociologists can expose and critique the neoliberal denial of class by pointing to its own production of new class categories and figures, and by retaining class as a useful analytical lens by focusing on the 'classificatory struggle' at its heart.

In response to this, I have drawn upon the work of sociologists like Mike Savage, Gaynor Bagnall and Brian Longhurst, who have argued that '[c]lass does not determine identity, but it is not irrelevant either. It is a resource, a device, with which to construct identity' (p. 888). In other words, individuals might use class to construct identity and personal narratives, whilst class *labels* might be rejected. This argument owes a debt to Bourdieu's theory of capitals, but also to work like Skeggs', which argues that resources like 'cultural capital' (non-economic assets like education) are routinely used to construct identity and maintain power, regardless of whether or not an individual identifies as being part of a class group (Bourdieu, 1984; Skeggs, 2004). Class is therefore an *unequally distributed resource*, one that might be propertised by some, but locates others as the baseline from which distinction is marked (Skeggs, 2004).

The use of the term 'middle-class' is therefore useful for referring to practices which are legitimised by dominant discourses. For example, Savage uses the term 'middle-class' in this way when he refers to the middle class as the 'particular-universal class,' whose practices are regarded as 'universally "normal", "good" and "appropriate"' (Savage, 2003, p.536). It is in this sense that I use the term 'middle-class' throughout this thesis.

Thus, in referring to middle- and working-classness, I am sometimes referring to class labels my participants have explicitly identified with. More often, I am referring to discursive constructions rather than individuals' identities, and this distinction is made clear throughout the thesis. Furthermore, during data collection it became clear that this study presented an opportunity to analyse the narratives of women who had various degrees of proximity to middle-classness; to practices and ways of life considered 'normal' and 'good' and their relation to the figurative Other that is 'abnormal' and 'bad'. As such, these life stories have been analysed partly as windows into the contested, ongoing production of middle-class womanhood in neoliberal times.

Outline of the thesis

Chapter One has introduced the research questions and aims of the study, as well as its rationale and context. The following study is based on fifteen life story interviews with women who have had abortions in England since 2008. The data was collected between September 2015 and September 2016.

In Chapter Two, I locate my study within the field of abortion literature and class analysis. I begin by developing a theoretical framework using poststructural feminist work on class and gender, which sees both class and gender as assigned, ascribed and socially constructed. Through this lens, I draw on the work of Michel Foucault, Beverley Skeggs and Judith Butler to frame my understanding of the governed neoliberal subject which emerges from this dynamic, continual production of the classed and gendered self, and which emerges from abortion narratives. The chapter goes on to map the field of research on class and abortion, arguing that insufficient sociological attention has been paid to the subjective experience of abortion, and, furthermore, work which has examined class and abortion together has done so in limited ways. I conclude that the current study offers an exploration of the abortion narrative as a struggle over meaning which illuminates which forms of knowledge are produced, legitimised, and de-legitimised through the telling of abortion stories.

Chapter Three addresses the methodology of the study. My research is framed by a feminist epistemological framework that recognises the workings of gendered and related oppressions on people's lives; in particular, I draw upon several feminist traditions, including feminist standpoint theory, feminist poststructural theory and intersectional theory. The chapter goes on to outline the research design of this study, including participant recruitment methods and the life story interviewing method. In particular, I reflect on the fact that the women who took part, whilst identifying themselves in various different ways, all had a degree of class privilege and cultural capital (for example, all of the women had at least one Higher Education degree). I argue that this shaped the study in useful ways, allowing an in-depth analysis of the construct of 'middle-classness' which appeared in different ways throughout the women's life stories. The final section of Chapter Three deals with ethics, including the interpersonal ethical considerations raised by the study, as well as the political ones. I mobilise Judith Butler's work on vulnerability and resistance to critique the way institutional ethical review processes positioned participants in this research as distressed or vulnerable, arguing for an alternative ethical framework which allows a more realistic and nuanced approach to participants in 'sensitive' research.

Chapter Four introduces the first theme to emerge from analysis of the data, precarity. It explores the various ways in which women engaged with this concept, which describes 'the lived experience of ambient insecurity' under neoliberalism (Horning, 2012). The chapter argues that the process of requesting an abortion extends a demand to women to perform precarity in particular ways, which women in different social locations may acquiesce to or resist. Engaging with discourses of precarity is useful for some women as a way to 'legitimise' their abortion story through systems of symbolic exchange (Skeggs, 2004), whereas for other women there is more risk associating themselves with precarity. For women whose social position means they are judged to have a lack of ability and resources to care for a child if they wanted to, they have less freedom to identify as 'precarious'; instead, they are already classified as such, and are 'fixed in place' by the moral values associated with this (Skeggs, 2004).

Data analysis continues in Chapter Five, which examines the theme of responsibility. Previous work on abortion has shown that women who have abortions are often under pressure to present a 'responsible' abortion story in order to combat stigma (Cockrill and Nack, 2013; Hoggart, 2017). In this chapter, I explicitly examine the operation of

classed discourses in these accounts of (ir)responsibility. I argue that by emphasising how their abortion decisions are rational, responsible, and compassionate, some of the women in this study– who mostly have some degree of class privilege – reproduced discourses of classed judgment and stigma. In particular, a distinction is made between women who 'don't think' about their reproductive responsibilities, and those who do, which I argue is expressive of frustration with the fact that women are expected to carry the burden of responsibility for reproduction. Whilst this is a perennial issue for women, I argue that it has taken on a particular form in these women's accounts, shaped by wider systems of neoliberal governance. However, this chapter also demonstrates that some women are critical and reflexive about this process, resisting the individualisation of responsibility and challenging the use of classed stereotypes about abortion and reproduction. In particular, some women's complex accounts of their pregnancies open a disruptive discursive space for talk of 'responsibility' that does not fit easily into pro-choice or pro-life discourse, and that challenges straightforward accounts of the self.

The final theme of stigma and punishment is addressed in Chapter Six. This chapter contributes to the rich literature on abortion stigma by applying the Foucauldian concepts of biopolitics and governmentality to the women's accounts of stigma. I argue that many of the women in this study employ self-regulatory practices in reaction to a fear of a loss of status after becoming pregnant and having an abortion. In particular, I examine the decision some women made to experience the painful aspects of abortion as a form of penance or punishment, and contextualise it within the landscape painted through many women's narratives of stoicism and acceptance of pain as an inherent part of womanhood. I argue that the confluence of abortion stigma, the injunction to self-regulate, and this societal construction of womanhood as biologically painful can produce extreme regulatory practices. Using Foucault's concept of 'technologies of the self,' I conclude that through these women's accounts, the specific regulatory practice that produce middle-class womanhood can be understood.

The thesis concludes in Chapter Seven with a discussion of the study's findings and implications. It argues that this study illuminates the fact that abortion narratives are shaped by differential access to 'discursive resources', predicated on class position and on other intersecting identity categories. Furthermore, this study adds to the body of literature which critiques the medicalisation of abortion, arguing that the process of requesting abortion requires women to perform 'need' for abortion which is more

possible for some women than others. I suggest some potential solutions to this problem, including supporting moves to decriminalise abortion in the UK, but argue that this is part of a wider expectation in neoliberal, austerity Britain that people perform 'need' for healthcare and welfare services in problematic ways. Therefore, abortion advocacy and anti-austerity activism go hand-in-hand.

This final chapter also argues that whilst explicitly affective acts of differentiation such as class 'disgust' was uncommon in this study, the women's relationships to responsibility are explicitly shaped by their class positions. Despite some explicit differentiation between women who 'don't think' and women who do, classed and gendered understandings of responsibility were mostly *internalised*, more often being used by the women to reflect on their views of themselves than to judge other women. This chapter argues that this contributes to literature on the internalisation of neoliberal modes of self-governance in relation to reproduction.

Finally, I argue that this study furthers understanding of the multiple dimensions of abortion stigma articulated in work such as Kumar et. al (2009) and Cockrill and Nack (2013). Previous work has identified that abortion stigma is rooted in societal beliefs about womanhood, motherhood, and personhood, but has lacked an intersectional understanding of what *types* of womanhood and personhood are valued (Cockrill and Nack, 2013; Hoggart, 2017; Kumar, Hessini and Mitchell, 2009). This study has taken the original step of theorising stigma and class together, mobilising the concept of governmentality to examine how middle-class womanhood is produced through regulatory 'technologies of the self.'

Chapter Two: Literature review

In this section, I begin by developing a feminist, poststructural theoretical framework with which to examine the operation of gender and class in abortion narratives. Influenced by the 'cultural turn' in class analysis, this framework understands class to be something assigned, inscribed and embodied, and as a dynamic process of struggle between individuals' understandings and experiences and dominant discourses (Skeggs, 2004; Tyler, 2015a). Similarly, this framework sees gender as socially constructed and assigned rather than inherent in, for example, an individual's biology. This framework does not elide the bodily aspects of gender and reproduction, but argues that the relationship between gender and biological 'sex' is neither straightforward nor 'natural.' Within this poststructural understanding of gender and class, the 'neoliberal subject' emerges as a continual and ongoing production. I draw on Foucault's understanding of neoliberalism and governmentality to develop an understanding of the gendered and classed subject in neoliberal times as at once positioned by structural forces and dominant discourses, and yet agentic and productive. It is from this unstable construction of the 'self' that abortion narratives emerge.

From this framework, the chapter moves on to mapping the field of abortion research, focusing on how abortion experiences and stigma have been understood; how class has been conceptualised within this literature; and what frameworks have been developed for theorising these empirical findings. Ultimately, it argues that insufficient sociological attention has been paid to the subjective experience of abortion, and that doing so from a feminist, poststructural perspective presents an opportunity to build on sociological understandings of the construction of gender and class in wider society.

Theoretical framework

As previous work on abortion has noted, beliefs about abortion and the stigma that accompanies it are often entwined with socio-cultural ideas about womanhood, motherhood and reproduction (Kumar, Hessini and Mitchell, 2009). Furthermore, abortion and other reproductive rights issues are primarily positioned as 'women's issues.' Gender is therefore one of the most important concepts to underpin work on abortion. In this section, I first describe the approach to gender that underpins this study, rooted in Judith Butler's poststructural feminist theory, before going on to develop an intersectional approach to gender and class through the work of Beverley Skeggs.

Finally, I work together Skeggs' work on femininity and class with Foucault's concepts of biopolitics and governmentality, arguing that class and gender, whilst mediated through discourse, are embodied experiences that are linked to wider processes of regulation and control. This framework enables an analysis of abortion experiences by locating them within hegemonic discourses of class and gender.

Intersections of class and gender

In taking a poststructural feminist approach to conceptualising gender, this framework is based on the idea that gender is socially constructed through language and discourse. I use 'discourse' throughout this thesis in the Foucauldian sense: systems of thought, signs and meanings which construct objects of knowledge (Foucault, 1989, 1978). Poststructural feminist frameworks begin from the premise that there is no 'social reality' to apprehend outside of the language and discourse we use to understand and describe it (a premise I will return to in more depth in Chapter Three, 'Epistemological framework', p.60). Therefore, gender is a discursive formation; however, gender and reproduction are also embodied experiences. In this section, I work through Butler's theorisation to argue that a poststructural approach to gender does not erase the embodied or the material aspects of gender, but rather draws attention to how meaning is made about them.

The category 'woman,' a category continually discussed, examined and deconstructed throughout this thesis and the interviews which form its basis, is therefore a continual production in poststructural theorisations of gender. This is not to say that the category 'woman' does not exist, but rather poststructural approaches to gender seek to draw attention to how that category has been formed, and specifically how certain understandings of this category are authorised and which are foreclosed by dominant discourses (Butler, 1994). In doing so, poststructural feminist theory draws attention to gender (and sex) as a 'political category' (Wittig, 1992) rather than a natural one, and directs analytical attention to the specificity of individual experience.

Taking this theoretical position, then, on gender, I wish to also question the presumption that 'sex' can be separated from gender as something natural or biological, in opposition to gender's socially constructed nature. Abortion is considered a 'woman's issue,' as the category 'woman' is generally understood to be a biological category as well as a social one. In critiquing this idea that womanhood is constituted by the possession of

reproductive biology, some feminist work has drawn attention to the distinction between a person's gender and their biology, making a theoretical distinction between gender as social and sex as biological and 'natural.' For example, Ann Oakley defined sex as 'the biological differences between male and female: the visible difference in genitalia, the related difference in procreative function,' differentiating it from gender which was 'a matter of culture: it refers to the social classification into "masculine" and "feminine"' (1972, p.16). In contrast, I use a poststructural approach to both sex and gender, viewing sex as socially constructed just as gender is.

In doing so I draw on the work of Christine Delphy who, whilst not positioned as part of poststructural feminist thought, drew attention to this issue in her 1993 article 'Rethinking sex and gender.' She argued that rather than sex preceding gender, as is generally presumed, sex should instead be understood to have *followed* gender, being used as a symbol with which to mark a social division (Delphy, 1993). Biological sex is made up of a variety of indicators (including genitals, gonads, hormones, chromosomes, and secondary sex characteristics) which occur in varying combinations in individuals, but to reduce these variables to just one and to make it dichotomous is, Delphy argues, a *social* act. Sex is, she goes on, 'the way a given society represents "biology" to itself' (p. 5). A poststructural expression of this can be found in Butler, who writes that 'sex does not *describe* a prior materiality, but produces and regulates the *intelligibility* of the *materiality* of bodies…the category of sex imposes a duality and a uniformity on bodies in order to maintain reproductive sexuality as a compulsory order' (Butler, 1994, p.17). In other words, the category of sex, like the category of gender, is a discursive formation through which the material is mediated and made intelligible.

Poststructural feminist theory therefore posits an understanding of both sex and gender as discursive formations through which the material (e.g. the biological) can be understood. This is useful for this study in that it allows an analysis of how these categories – of 'woman,' of 'female' – are formed and naturalised. The women in this study explore in several ways the idea of womanhood and how it relates to their experience of having an abortion; having a poststructural framework allows an examination of how these categories are being formed and reformed through their narratives. In Butler's words, 'if … "women" designates an undesignatable field of differences, one that cannot be totalized or summarized by a descriptive identity

category, then the very term becomes a site of permanent openness and resignifiability' (Butler, 1994, p.16).

Intersectionality and feminist class analysis

In considering how theorisations of gender might intersect with those of class, intersectional theory becomes useful. Intersectionality was originally developed as a concept to describe the intertwined nature of gender and race, in response to the lack of discussion about race in the feminist movement, and the lack of discussion about sexism in the civil rights movement. Black women, it was argued, experienced both in a way that could not be easily separated. As Kimberlé Crenshaw explains (1989, p.150):

> [I]f a Black woman is harmed because she is in an intersection, her injury could result from sex discrimination or race discrimination. (…) But it is not always easy to reconstruct an accident: sometimes the skid marks and the injuries simply indicate that they occurred simultaneously, frustrating efforts to determine which driver caused the harm.

As a theory and a political tool which was developed by Women of Colour, for Women of Colour, intersectionality critiqued the symbolic erasure of Black women from feminist and anti-racist work (Crenshaw, 1989). It has since been adopted in work which focuses not only on race and gender, but also on disability (Nishida, 2016) and sexuality (Shapiro, Rios and Stewart, 2010). Whilst theorists of class and gender like Skeggs have not explicitly identified intersectional theory as a part of their theoretical frameworks, the overlap between their work and that of intersectional feminists is clear. Just as Crenshaw argued that treating oppression as a single 'axis' theoretically erases Black women (Crenshaw 1989), theorists like Beverley Skeggs, Lisa Adkins and Diane Reay have argued that women are theoretically erased from Bourdieusean cultural class analysis (see, for example Adkins and Skeggs, 2005). In *Formations of Class and Gender*, for example, Skeggs focuses on a group of working-class women who she argues are often defined through their lack of 'capitals,' those economic, cultural and social resources which symbolically (de)legitimise people within complex systems of distinction that make up our social reality (1997; Bourdieu, 1984). As a result, the women in her study found it difficult to trade in a social marketplace which symbolically delegitimised them at every turn and offered no positive representations of working-class womanhood (Skeggs, 1997). This made class a central concern in their lives even if it remained unspoken; the women were constantly negotiating the politics of respectability in order to move through the social spaces they inhabited. This process

was gendered by the historical production of femininity as a classed category, and Skeggs argued in *Formations* that class and gender cannot be dealt with in isolation, but are inextricably linked.

The relevance of an intersectional approach to work on class and gender is therefore clear: it requires a framework which does not reduce class, gender and other axes of oppression to *single* axes, and prompts the researcher to question who might be 'symbolically erased' from their analysis. However, intersectionality was specifically developed to describe and understand the lived experiences of Women of Colour and methods of combatting oppression in the context of a white supremacist society; as a result, its adoption in other contexts have been critiqued as detaching it from its original aims (Carastathis, 2008; Dhamoon, 2011). Therefore, developing an intersectional sensibility within this study does not merely entail using it as a tool to examine how gender and class intertwine, but is also a reminder to consider race and whiteness as structuring elements of both gender and class. Intersectionality is often applied to the analysis of identities which are marginalised, for example those of Black women; however, it is less often applied to the study of the privileged (Carastathis, 2008). In employing an intersectional theorisation of the experiences of largely white, middle class women, this study examines the complex interplay of marginalisation and privilege which produce subjects, and through which these women make meaning out of their experiences of abortion.

This study's conceptualisation of class is therefore intersectional, but also poststructural in the same manner in which its conceptualisation of gender is poststructural: class is understood to be something assigned, inscribed and embodied. In particular, this understanding of class is influenced by the 'cultural turn' in sociological class analysis, and works by feminist poststructural theorists like Skeggs who theorise class as a gendered phenomenon. Skeggs' argument that femininity and womanhood are historically classed is accompanied by an examination of the ways in which both class and gender are 'inscribed' onto the body. This inscription – a process of 'making through marking' – is, in Skeggs' theorisation, the mechanism by which value is transferred onto bodies and read off them (2004, p.13).

In the following section, I work together Skeggs' theorisation of class and gender with the work of Michel Foucault. In *Class, Self, Culture,* Skeggs argued that inscription was

'not just discourse, but a complex set of practices for the deployment and co-ordination of bodies,' a process which 'produces the subject via various regimes, classification schema and control of the body' (2004, p.12). Foucault's work also explores how bodies and behaviour are regulated and disciplined under the conditions of neoliberalism, which he argued has developed 'numerous and diverse techniques for achieving the subjugations of bodies and the control of populations' (Foucault, 1978, p.140). I explore in this section how Skeggs' and Foucault's work can be applied to the phenomenon of abortion through the two key concepts of *inscription* and *embodiment*.

Embodiment, inscription and biopolitics

The concepts of embodiment and inscription that describe how certain bodies are inscribed with value based on systems of class, race and gender are useful for understanding the embodied experience of abortion. Skeggs (1997, p.82) writes:

> Bodies are the physical sites where the relations of class, gender, race, sexuality and age come together and are embodied and practised. A respectable body is White, desexualised, hetero-feminine and usually middle-class. Class is always coded through bodily dispositions: the body is the most ubiquitous signifier of class.

Bodily dispositions are one of the ways in which class, gender and race are reproduced and discursively formed. This informs the experience of ending a pregnancy as the inscription of value onto bodies and the misrecognition of these values as natural leads to the regulation of these bodies. For example, Skeggs argues that complex processes of inscription and exchange mean that value can be attached to 'privileged bodies', whereas others are 'devalued bodies' (2004). The difference lies in where a person stands in the social hierarchy, and whether the values ascribed to them work in their interests; only certain dominant values can be *legitimised* in wider society. Legitimisation is a key mechanism of power, as it allows individuals to trade in what Pierre Bourdieu calls the 'symbolic economy', defined by Skeggs as 'the systematic organisation of the symbolic, which enables exchange and the attribution of value across a range of fields' (2004, p. 15).

This can be demonstrated by this example, which Skeggs borrows from Manthia Diawara (Diawara 1998, p. 52 in Skeggs 2004, p. 1):

> [B]lack, working-class masculinity operates in popular culture as a mobile cultural style available to different characters in film, be they black or

> white…this marking of cool attached to black bodies becomes detachable and can operate as a mobile resource that can be 'transported through white bodies.'

The cultural characteristic associated with black, working-class masculinity is 'cool'; white men can appropriate this characteristic by 'acting black', but are then free to discard this performance without consequence. Black men, by contrast, are fixed in place by a Western symbolic economy which reads black masculinity as 'cool', and which also associates coolness (and blackness) with danger and criminality. They struggle to be *legitimised* in fields where white men are free to remain mobile. As Skeggs (2004, p. 2) explains:

> This cultural equation [of black masculinity with coolness and criminality] is useful for filmmakers yet does not help those so inscribed to gain employment outside of the field of popular representations where they may be read as interesting but dangerous and untrustworthy. In exchanging blackness for cool [in the symbolic economy], respectability may be lost.

In contrast, white men do not risk losing respectability by wearing and discarding 'black cool.' Thus, the process of inscription marks bodies with moral values, restricting the movement of some whilst leaving others to be more mobile. Bourdieu called the mechanism by which this occurs 'misrecognition' (Bourdieu and Wacquant, 2013): the values and characteristics which have been inscribed on bodies through the workings of the symbolic economy are misrecognised as fixed and natural. Bourdieu noted that this works in favour of the dominant in society, as their symbolic capital – their authority and ability to legitimate others – appears unchallengeable. However, Skeggs argues that this works the other way, too: as people at the other end of the spectrum are fixed in place by *their* categorisations, the process of inscription becomes hidden, and the workings of the powerful are not recognised.

This process has led to working-class and middle-class women's bodies being intimately associated with different concepts and attributes, misrecognised as natural when they are in fact inscribed by systems of classification. Skeggs argues that working-class women's bodies are coded as 'out of control, in excess' and associated with 'the lower, unruly order of bodily functions such as that of expulsion and leakage' (1997, p. 99). For example, in the 1890s, measures were taken to 'improve' the parenting of working-class mothers in the UK, who were deemed to be unhygienic, uneducated and therefore morally bankrupt (1997, p. 44). Skeggs argues (2004, p. 4):

> Dirt and waste, sexuality and contagion, danger and disorder, degeneracy and pathology, became the moral evaluations by which the working-class were coded and became known and are still reproduced today.

This Victorian attitude that conflated physical cleanliness with virtue did not end with the Victorian era; in the 1940s and 50s, government interventions into 'problem families' were strikingly similar to those of the 1890s (1997, p 44). This conceptual link between the working classes, unruly and unclean bodies, and morality is still apparent today; Skeggs argues that this historical legacy means that 'conflict between social classes is considered a problem of morality rather than of structural inequality' (1997, p. 48).

Similarly, working-class bodies are today associated with sexual immorality – promiscuity, vulgarity and excess – in a way that is inscribed on the body. For example, Imogen Tyler (2008) proposes that the figure of the 'chav mum' is a figuration that has gained corporeal qualities and has 'bodied forth' into a meaningful, physical representation of class disgust and middle-class anxiety (p. 19). Tyler analyses popular definitions of the terms 'chav mum' and 'chavette' on the website *Urbandictionary*, which functions as a user-generated compendium of contemporary British slang. One particular example she picks out is:

> [Chavs] are almost always white, and very skinny, where the chavettes are usually overweight, with large stretchmarks on their stomachs from excessive baby having. A chavette will have one baby every year from the age of 13 (Tyler 2008, p. 26).

Here, the inscription of moral values onto the body can clearly be seen: the vulgarity and excess of the working-class female body is visually represented by being overweight; her promiscuity is marked on the body by her stretchmarks. Other repeated themes that Tyler picks out are associations of the figure of the 'chav' with dirt, contamination, and vulgar fashion choices, as the journalist Gina Davidson wrote in 2004:

> And we will know them by their dress . . . and trail of fag ends, sparkling white trainers, baggy tracksuit trousers, branded sports top, gold-hooped earrings, "sovvy" rings and the ubiquitous Burberry baseball cap … They are the sullen youths in hooded tops and spanking-new trainers who loiter listlessly on street corners and shopping malls, displaying an apparent lack of education and an all too obvious taste for fighting; the slack-jawed girls with enough gold or gold-plated jewellery to put H Samuel out of business (Davidson, 2004, cited in Tyler 2008, p. 21).

Both in their choice of clothing (objectified cultural capital) and in their physical presence (embodied cultural capital), working-class women are synonymous in this representation with vulgarity, promiscuity, dirt and excess.

It is in the interests of the elite to assign these values to working-class femininity, as it allows middle-class femininity to be defined in contrast or distinction to it. The visual and bodily has historically been a prominent way of displaying ideal femininity, which in the eighteenth century was associated with the embodied manner of the upper classes: that of ease, restraint, and calm (Skeggs, 1997, p.99). This construction of ideal femininity as passive and frail continued beyond the eighteenth and nineteenth centuries, and effectively blocked off access to working-class women who generally did not have the luxury of cultivating such a passive, restrained vision of femininity (Skeggs, 1997). Ideal femininity, then, has been and still is associated with middle- and upper-class femininity, and ideals like respectability are still values inscribed on the body; in contrast to 'vulgar' working-class women, for example, middle- and upper-class 'ladies' are meant to be restrained, chaste and quiet, both in their physicality and the clothing they choose to wear.

Embodiment and middle-class femininity

It is important to note that this process of inscribing values onto women's bodies is closely related to reproduction. The immoral practices that Tyler (2008) identified as being associated with the 'chav mum,' for example, are often associated with sex and pregnancy. These values are closely associated with moral discourses around abortion, which engage in similar distinctions between the 'deserved' versus the 'undeserved' and the 'responsible' versus the 'irresponsible' abortion.

Furthermore, this inscription of values is related to the *regulation* of bodies. In neoliberal times, this regulation does not only occur externally, for example through medical approval or rejection of abortion requests. Foucault's concept of governmentality – which he also refers to as 'the art of government' – encapsulates not only the ways in which the state exercises its power over individuals, but also the ways in which individuals are conditioned to *self-regulate* (Foucault, 1977). This concept of governmentality is a mechanism of what Foucault called biopolitics, which denotes the supervision of the 'mechanics of life' – birth, death, and reproduction – of the population which is facilitated by 'a series of interventions and regulatory controls'

(Foucault, 1978, p.139). One of these mechanisms are 'modes of subjectification' that encourage individuals to self-regulate and internalise the value of individual responsibility. Rabinow and Rose have argued that reproduction is a 'sphere of biopolitics par excellence' in which 'apparent choices entail new forms of "responsibilization" and impose onerous obligations, especially, in this case, upon women' (Rabinow and Rose, 2006, p.209). In bringing the concepts of inscription, embodiment and biopolitics together, this theoretical framework poses questions of who is encouraged to reproduce, who is not, and how the regulation of abortion is disguised by the discourse of 'choice.'

For example, Anita Harris has argued that middle-class women (particularly young middle-class woman) are positioned in contemporary society as the 'vanguards of new subjectivities' in neoliberal times (2004). Neoliberal subjectivity can be read not only through Foucault, whose neoliberal subject is produced through technologies of discipline which revolve around sexual and bodily conduct (Foucault, 1978), but also through Skeggs' identification of the 'respectable' subject as 'White, desexualised, hetero-feminine and usually middle-class' (1997, p.82). These subjects are produced both through what Foucault called 'technologies of the self' – the transformation of 'bodies and souls, thoughts, conduct, and way of being' which produce neoliberal citizens (Foucault, 1977) – and the processes of inscription and embodiment Skeggs describes in *Class, Self, Culture* (2004).

In examining the relationship between gender, middle-classness and reproduction, we might examine how middle-class femininity becomes embodied and inscribed. Alexandra Allan and Claire Charles have argued that contemporary ideas about the successful or failed neoliberal subject 'often gather around the figure of the feminine, and particularly the young woman' (Allan and Charles, 2014, p.335). Allan and Charles use the example of socialisation of young girls in elite educational settings, in which they are instilled with values of responsibility, self-regulation and entrepreneurship through 'every aspect of the school's programme' (p. 340). Whilst they note that the values these educational setting promote are not new, what *is* new is that class is no longer explicitly invoked as it used to be in the discourse of elite girls' schooling. This 'obscuration and embedding of classed regulatory practices' into the everyday life of the school lends them a 'new luminosity, occupying a spectacular space and forming a proliferation of interpellations that are hard for young women to refuse' (p. 348).

This is an example of what Foucault called 'productive' rather than 'repressive' power; power which creates the desire to be rather than suppresses the ability to be (Foucault, 1978, 1977). Rather than these young women being explicitly disciplined into conducting themselves in a certain way, the school employed a different kind of disciplinary practice which encouraged the girls to embody an entrepreneurial, cosmopolitan form of femininity positioned as healthy and successful (Allan and Charles, 2014). In becoming inscribed by and embodying this form of successful, neoliberal femininity, these young women are encouraged to engage in 'self-invention through a discourse of limitless choice,' a practice which Walkerdine, Lucey and Melody note is a form of governance (2001, p.3). This can be seen in relation to the reproductive choices of young middle-class women, who Walkerdine et al. note are more likely to have abortions after unintended pregnancy than their working-class counterparts (2001). Whilst making the decision to have an abortion is understood through the discourse of choice, Walkerdine et al. argue that middle-class women's 'inscription as the bourgeois subject' is incompatible with fertility; she is not supposed to be pregnant, whereas working-class women are the fecund Other (p. 187). For middle-class girls, Walkerdine et al. argue, regulation of their sexuality and reproductive capacity is part of the wider regulation of academic achievement: they are not allowed to fail, and pregnancy and motherhood is seen as a failure, incompatible with success in academia and work (p. 194). Therefore, middle-class, feminine embodiment is regulated through 'numerous and diverse techniques for achieving the subjugations of bodies and the control of populations' (Foucault, 1978, p.140) which determine what is normal and 'successful' for middle-class women.

Competing frameworks: 'Pro-choice' vs. 'reproductive justice'

The discourse of 'choice' is therefore an important aspect of the production of the neoliberal subject. As Allan and Charles' (2014) and Walkerdine et al.'s (2001) work demonstrate, an integral mechanism of neoliberal governance (and the production of middle-class femininity) is the 'veiling' of regulation behind discourses of choice and self-invention. It is possible to similarly problematise the dominant framework through which abortion is understood in Western public discourse, that of 'pro-choice' politics. In the US, it has been documented that advocates of legal abortion initially placed the concepts of rights at the centre of their politics, before shifting to the language of choice in a bid to make their arguments more accessible (Solinger, 2002). This has become the

basis of pro-abortion politics in Western and English-speaking countries, pitted against anti-abortion campaigners who have placed the concept of 'life' at the heart of their own politics.

At its heart, the pro-choice position holds that all women should have the right and the freedom to continue or end pregnancies without stigma or obstruction. However, this discourse has been critiqued for its underlying assumptions and values. Common critiques include its tendency to ignore understandings of pregnancy and the foetus that are not highly medicalised; that it is dominated by liberal feminist ideology which dovetails with neoliberal politics; and that it marginalises women of colour and queer women (Gilbert and Sewpaul, 2015; Ludlow, 2008; Smith, 2005; Solinger, 2002).

For example, Kirkman et al. (2011) note that women who have had abortions rarely articulate the experience as one which is liberating in the way in which pro-choice discourses position it. Whilst 'decisional authority' was an important predictor of whether the women in the study had negative emotional outcomes after abortion (so bodily autonomy and choice are clearly important concepts in abortion provision), Kimport et al. (2011) show that it is equally important to experience that decision as socially-embedded. 'The need for decisional authority' they write, 'is not a wish for decisional isolation, and does not exempt partners, friends and family from engaging with women during this time' (p. 108). The framing of abortion as ultimately a 'private issue' is not a neutral one; it has been constructed as a private issue through medicalised discourse and moral discourse which positions it as distasteful or shameful (Sheldon, 1997).

The framing of abortion as an issue of individual choice and its legal framing as primarily a medical issue is at odds with a recognition of the abortion decision as 'socially embedded' (Kimport, Foster and Weitz, 2011). In balancing the tension between agency and structure in the abortion decision, Foucault's analysis of neoliberal governance becomes useful. He argued that neoliberal governance is at once totalising and individualising, focusing its biopolitical aims both at the control over whole populations and at the conduct of individual citizens (Foucault, 1978), and the concept of governance is where the connection between the two become apparent. Framing abortion as primarily a matter of choice risks uncritically adopting the neoliberal understanding of subjects as able to engage in constant self-invention and re-invention

without consideration of the matrix of knowledge/power that frame these moments of choice. As Rabinow and Rose argue, reproductive issues constitute a space where 'an array of connections appear between the individual and the collective, the technological and the political, the legal and the ethical' (2006, p.208).

Therefore, an alternative framework to that of 'pro-choice' politics is required for the study of abortion through a poststructural lens. An alternative politics of 'reproductive justice' has been developed in response to some of the perceived shortcomings of 'pro-choice' politics, which moves away from centring 'choice' and the 'private', individual nature of abortion, widening its focus to include the social and the structural. This framework, developed by Black and working-class women, was coined in 1994 after the International Conference on Population and Development in Cairo, following which a group of Women of Colour met to develop a reproductive rights framework which more effectively served the needs of Women of Colour, other marginalised women and trans people (Forward Together, 2005; Price, 2011; Ross, 2006; Sistersong Collective, 2017). These groups pointed out that the intersections of privilege and oppression produce different concerns for different women; for example, Black, poor and disabled women faced programmes of state-sanctioned, forcible sterilisation in the UK and the US which more privileged, white and able-bodied women were not exposed to (as discussed in more detail below in 'Medicalisation and regulation: stratified reproduction inside the abortion clinic', p. 52). Loretta Ross, of the Woman of Colour reproductive justice collective Sistersong, writes (Ross, 2006):

> We believe that the ability of any woman to determine her own reproductive destiny is directly linked to the conditions in her community and these conditions are not just a matter of individual choice and access. For example, a woman cannot make an individual decision about her body if she is part of a community whose human rights as a group are violated, such as through environmental dangers or insufficient quality health care. Reproductive justice addresses issues of population control, bodily self-determination, immigrants' rights, economic and environmental justice, sovereignty, and militarism and criminal injustices that limit individual human rights because of group or community oppressions.

This framework is therefore broader in scope than the pro-choice framework, which focuses narrowly on abortion (rather than reproductive issues more generally) and bodily autonomy. It draws attention, for example, to the right *to* have children and to raise families, a right denied to or obstructed from marginalised communities for many years (Amos and Parmar, 1984; Bryan, Dadzie and Scafe, 1985; Jones, 2013;

McLaughlin, 2003). It also rejects the framing of abortion as an individual, private matter, and the distinction of private/public, instead understanding the individual and their reproductive life as socially embedded.

The reproductive justice framework therefore decentres choice in order to articulate a less individualistic ontology, but also to reflect the inequality of access that women face dependent on their social position. Solinger (2002) notes that 'choice' (unlike 'rights' or 'justice') connotes possession of resources, thus creating hierarchies of women who are *able* to choose. As a result, this study adopts a reproductive justice framework rather than a pro-choice one, and maintains a critical approach to choice which takes into account both women's agency and their structural positioning within the 'matrix of domination' which makes up society (Hill Collins, 2002). This framework is more compatible with the intersectional, poststructural framework articulated throughout this chapter than that of 'pro-choice' politics, in its conceptualisation of power, marginalisation, and the impact of structural and discursive formations on the choice to have an abortion. This does not, of course, mean that 'choice' is not a useful concept in abortion research. As Rosalind Petchesky argues (1990, p.11):

> That individuals do not determine the social framework in which they act does not nullify their choices nor their moral capacity to make them. It only suggests that we have to focus less on 'choice' and more on how to transform the social conditions of choosing, working and reproducing.

In conclusion, this study aims to examine the 'social conditions of choosing' that shape the narratives of the women in this study, taking a deconstructive, poststructural approach to the gendered and classed subject. Contemporary sociological work on class has drawn attention to the centrality of the 'classificatory struggle' over meanings and values that characterises the construction of social class is austerity Britain (Tyler, 2015a). These struggles over meaning are mediated through processes of inscription, embodiment and regulation which produce gendered and classed subjects (Foucault, 1978; Skeggs, 2004). The body is a key site of this struggle, and reproduction has long been a regulated site where moral values are inscribed, reified and mobilised in order to regulate bodies seen as out of control or transgressive. Contemporary classificatory struggles are informed by wider processes of deepening neoliberal reform which have cast old figures of class disgust in new roles, and by political rhetoric which attempts to justify austerity by attributing global, structural inequality to the failure of individuals to reinvent themselves and become 'responsible risk takers' (Giddens, 1991).

In this climate, it is pertinent to examine what happens to those who undergo a procedure still veiled in shame and secrecy partly because the unwanted or unintended pregnancy is seen as a failure of self-regulation. I argue that viewing abortion experiences through the lens of poststructural class theory, which focuses particularly on the contestation of classed and gendered categories, offers a useful opportunity to link abortion, often framed as a private, personal experience, to wider societal processes of regulation and value-making. As Butler argues, '[t]o deconstruct is not to negate or to dismiss, but to call into question and, perhaps most importantly, to open up a term, like the subject, to a reusage or redeployment that previously has not been authorized' (Butler, 1994, p.15). In this way, this study seeks to question the formation of class and gender through the telling of individual abortion narratives.

Mapping the field of abortion research

With this theoretical framing, I now turn to the field of abortion research in order to locate my own study. I begin by arguing that current research on abortion experiences and abortion stigma leave many opportunities to explore in more depth how women experience and narrate abortion, as well as to more explicitly examine how intersections of gender and class produce different experiences for different women. I go on to explore the limited ways in which abortion and class have been thought together, arguing that the concept of 'stratified reproduction' is useful for expanding this. Using the poststructural theoretical framework articulated in the first half of this chapter, I argue that within the context of 'neoliberal times' in England, there is a need for research that attends to which forms and objects of knowledge are produced, legitimised, and de-legitimised through personal narratives of those who have had abortions. I finish by arguing that there is space for research that centres the role of discursive meaning-making about abortion, gender and class, and that interrogates abortion stories as social actions (as does Beynon-Jones, 2017) that produce and reproduce particular subject positions.

Abortion experiences and abortion stigma

Reviews of the literature have noted that studies on the qualitative experience of abortion are thin on the ground (Purcell, 2015; Lie, Robson and May, 2008). Research that has addressed abortion experiences has focused largely on women's reasons and justifications for abortion, or their experiences of medical care. This research has

indicated that common reasons given for having an abortion are waiting for the right time to have children, wanting to finish education, relationship factors, age, and financial concerns (Ingelhammar et al., 1994; Purcell, 2015; Sihvo et al., 2003). It is also clear from existing research that the majority of women who have abortions were using contraception, and that around two-thirds already have children (Jones, Frohwirth and Moore, 2008). Some of the most consistent findings across this literature has been that women almost always make the decision to end or continue a pregnancy before interacting with medical professionals (suggesting that doctors' role is largely to approve decisions women have already made about their reproductive lives), and that the decision is made within the often complex context of an individual's life (Kimport, Foster and Weitz, 2011; Kirkman et al., 2011; Kumar et al., 2004; McIntyre, Anderson and McDonald, 2001).

Whilst this research has laid important groundwork for sociological work on abortion, the focus on women's reasons for and decision-making around abortion – and what 'types' of women have them – has been critiqued as carrying the implicit assumption that women *need to* justify having had an abortion, and that in understanding why women have them, their frequency can be reduced (Purcell, 2015). This is problematic in that it reflects and potentially reproduces the position of abortion in medical, legal, and public discourse as a procedure which one must have a 'good reason' to undergo (Beynon-Jones, 2013; Cockrill and Nack, 2013; Lattimer, 1998), a position reflected both in regular attempts in Parliament to introduce amendments and limits to existing abortion law (Lee, 2013) and negative media portrayals (Purcell, Hilton and McDaid, 2014).

In response, a small amount of research has focused on women's own accounts of their abortion experiences, and the ways in which meaning is made about them. This research has noted that the stigmatised nature of abortion, even in a relatively liberal context like the UK, means women are under pressure to present acceptable or respectable abortions stories (Cockrill and Nack, 2013; Hoggart, 2017); thus, research which has explored abortion stigma directly and how women make meaning about abortion in its shadow offers a valuable window into the workings of discourses about abortion. For example, there has been some focus in abortion literature on challenging the assumptions that position abortion as a selfish act, or one that is inherently opposed to motherhood, which presents further opportunities to deconstruct the moral discourse around abortion.

One of the earliest examples of this is Carol Gilligan's work (1982), which argued that women use an 'ethic of care' in their moral reasoning around abortion, carefully considering the needs of not only themselves but also of their families, relationships and communities. More recent work has also emphasised the fact that few women make the decision to have an abortion lightly, and that abortion is generally understood by women who have them to be a 'difficult' solution to a problem (although it is important to note that not all women experience abortion in this way) (Kirkman et al., 2011). Other work, like Jones et al.'s (2008) has challenged the societal understanding of abortion as the opposite to motherhood by pointing to the ways in which women who have abortions often cite the desire to be 'good mothers' as a reason for abortion. This work further notes that issues of responsibility and care are central to many women's abortion decisions, echoing Gilligan's argument.

This work challenges 'received wisdom' about abortion, such as the stereotype that those who have them are selfish and lack maternal feeling. However, one effect of this is the reproduction of limiting discourses about womanhood. For example, Gilligan's writing constructs an alternative psychological framework for women's moral reasoning about abortion which is based on the virtues of care and selflessness, and research like Jones et al.'s reproduces discourses of 'respectable' womanhood in its focus on the motivation to be a 'good mother' as part of abortion decisions. Whilst these studies challenge stigmatising discourse about abortion as a rejection of motherhood and therefore of responsibility, they lack an examination of the role of power and discourse which delineate acceptable or 'intelligible' (Butler, 1994) reasons for abortion. This can be understood through Foucault's argument that when power meets resistance, it is not overcome, but takes on a new form (Pylypa, 1998); in challenging an understanding of abortion as selfish, for example, these analyses do not rupture the broader discursive positioning of women who have (or intend to have) children as 'respectable' aborters. In framing the purpose of my own study as a deconstructive one, I aim to take the analytical step of interrogating the formation of these discursive positionings through the lens of gender and class.

Formations of abortion stigma

One of the mechanisms by which these discursive formations are produced and maintained is through abortion stigma. There are questions raised by the literature on abortion stigma that suggest there is opportunity to explore in more depth how women

experience and narrate abortion, as well as more explicitly examining how intersections of gender, race and class produce different experiences for different women. There is a tendency in this literature to conceptualise stigma as an interpersonal, individualised experience, an approach shaped by Erving Goffman's influential work, *Stigma: Notes on the Management of Spoiled Identity* (1963). Goffman's definition of stigma was a discrepancy between the expected attributes we expect a 'normal' person to have, and the attributes someone actually has. This discrepancy between normative personhood and their 'actual' social identity might be visible – like physical disability – or invisible. A person with an invisible stigmatised attribute, Goffman argues, is constantly self-conscious and worried that their 'blemish' will be discovered, rendering them a 'tainted, discounted' person rather than a 'whole and usual' one (1963, p.3).

Goffman's work uses an interactionist framework, focusing on how stigma is produced in social interactions; *Stigma* is 'specifically concerned with the issue of "mixed contacts" - the moments when stigmatized and normal are in the same "social situation"' (1963, p.12). This focus on the interpersonal and socio-interactional is common in work on abortion stigma, for example Kate Cockrill and Adina Nack's study of the intra- and interpersonal strategies of abortion stigma 'management' (2013); Brenda Major and Richard Gramzow's study on the psychological and interpersonal effects of abortion concealment (1999); and Edna Astbury-Ward et al.'s study on the difficulty of disclosing abortion experiences in the anticipation of negative reactions (2012).

However, other research has adapted Goffman's work in order to develop a framework for abortion stigma that considers the role of power and social structures, influenced by Bruce Link and Jo Phelan's conceptualisation of stigma (2001). Link and Phelan's theorisation of stigma focuses on the 'context of social, economic, and political power' which 'devalues and differentiates' certain people, arguing that 'power…is essential to the social production of stigma' (2001, p.375). An example of work on abortion stigma that has adopted this approach is that of Anuradha Kumar, Leila Hessini and Ellen Mitchell (2009), who define abortion stigma as 'a negative attribute ascribed to women who seek to terminate a pregnancy that marks them, internally or externally, as *inferior to ideals of womanhood*' (2009, p.628 my emphasis). The latter dimension they identify explicitly characterises abortion stigma as a product of societal and structural inequalities.

Kumar et al. (2009) argue that the process of stigmatisation is enabled and produced in multiple arenas: in dominant discourses and mass culture; in societal institutions like law and policy; on an organisational level including the segregation of abortion care from other medical services; on a community level; and, finally, in the individual, including internalised stigma. Their argument concludes with a call for a research agenda that moves away from focussing only on the latter individual, psychological level, but looks at these other, structural loci of abortion stigma. This is emphasised by the over-arching argument of their paper: that abortion stigma is not universal, but is 'locally produced'. This argument, however, is in tension with another claim: that 'a woman who seeks an abortion is inadvertently challenging widely-held assumptions about the "essential nature" of women' (p. 628).

Indeed, whilst arguing that abortion stigma is produced in context of *local* ideas about womanhood and femininity, they suggest that women who have abortions are conceptualised as transgressing three 'archetypal constructs' of the 'feminine': perpetual fecundity and female sexuality for procreation; the inevitability of motherhood; and instinctive nurturing (p. 625). This is a central tension in their theorisation not explored fully, that whilst stigma is 'locally produced,' there are simultaneously universal understandings of womanhood that abortion is seen to transgress. This contradiction or tension offers a space to more fully explore the ways in which meaning is made about abortion on both an individual and discursive level, taking into account the ways in which not only gender but also other axes of oppression such as race and class produce differing accounts and understanding of abortion. Indeed, whilst Kumar et al. do note that stigma will be determined by 'socio-economic status, occupation, race or ethnicity and age,' they call these 'individual characteristics' rather than axes of structural inequality (p. 628).

Research on abortion stigma influenced by Kumar et al.'s theorisation have advanced understanding of the link between stigma and power in several ways. For example, Katrina Kimport, Kira Foster and Tracy Weitz (2011) have argued that rather than the abortion itself, it is the social and political context of the person who has the abortion that produces 'emotional difficulty'. Furthermore, they identified a division of labour between women and men regarding pregnancy prevention, abortion and childrearing; as a result, 'the majority of abortion-related emotional burdens fall on women' (p. 103). Maggie Kirkman et al.'s discursive analysis of women contemplating abortion also

emphasised the importance of 'the complex personal and social contexts' in the production of stigma (2011), and Lesley Hoggart's work on internalised abortion stigma has explored the way women construct alternative narratives of responsibility and morality in the face of social norms which position abortion as a discrediting attribute (2017).

What is missing in this conceptualisation of abortion stigma, and in much of the research influenced by it, is explicit attention to intersecting dimensions of structural oppression other than gender. This is glaring omission considering that much of this literature has pointed to the importance of social context on the experience of abortion and the production of stigma (e.g. Kimport, Foster and Weitz, 2011; Kirkman et al., 2011; McIntyre, Anderson and McDonald, 2001). If abortion stigma is a 'compound stigma' which 'builds on other forms of discrimination and structural injustices' to produce particular experiences for women who have abortions (Kumar, Hessini and Mitchell, 2009, p.634), then attention to not only gender but other axes of oppression is needed to make more explicit the situated nature of women's abortion experiences and narratives.

The question of how to do this has not been addressed in great detail in the existing literature, with some exceptions. Carrie Purcell's review of abortion experience research notes that an interrogation of language in constructing experiences of abortion is 'largely absent' from recent literature 'despite the powerful role of language in constructing experiences of abortion and perpetuating stigma around it' (Purcell, 2015, p.591); a recent exception to this is Siân Beynon-Jones' work on identity formation through abortion narratives (2017). Beynon-Jones argues that work on abortion stigma 'risks reifying it' by failing to consider 'how identities are continually re-negotiated through language-use'; using a discursive psychology framework, she explores the capacity of women who have had abortions to construct 'untroubled' i.e. non-stigmatised identities within constraints (2017, p.225). Whilst some subject positions are 'harder to claim than others' due to cultural norms and expectations (and transgressing these norms entails 'trouble'), her discursive psychological approach emphasises the nature of identity as not static but articulated through 'socially available discourses or "interpretative repertoires"' which position speakers in certain ways, allowing them to take up and reject different subject positions (p. 226).

From this poststructural and Foucauldian position, the 'discursive labour' of women's abortion narratives becomes apparent, as does the nature of abortion stigma as the reproduction of social relations of power (Beynon-Jones, 2017, p.238). Her approach offers a way of building on the existing work that has illuminated the shaping of abortion experiences and narratives by social and cultural discourses. As argued throughout this chapter, both gender and class are continual (re)productions on the discursive level, part of a complex interaction of subjectivity and wider 'regimes of truth' (Foucault, 1978) which shape what it is possible to know about oneself. The question of how both gender and class shape and are reproduced through abortion narratives can therefore be answered by close attention not only to how 'individual characteristics' differentiate abortion experiences, but by how meaning is made about abortion through continual, on-going narration of the self through personal narratives.

Classed dimensions of abortion access

The literature on abortion experiences and stigma, therefore, has indicated that experiences of abortion are often mediated through socio-political understandings of womanhood, understandings that are locally formed. However, there are few studies that have incorporated class into their analysis, and of those few studies, none have employed the feminist poststructural framework articulated in the first half of this chapter. Instead, there have been attempts to map broad trends using quantitative indicators of class, like level of education or the National Statistics Socio-Economic Classification (NS-SEC) measurement of occupational class, and to determine what the most important socio-economic factors are for women who decide to end their pregnancies. In particular, teenage women have been the subject of a vast number of studies seeking to understand the 'problem' of teenage pregnancy, and its socio-economic trends (e.g. Garlick, Ineichen and Hudson, 1993; Social Exclusion Unit, 1999; Wilson, Brown and Richards, 1992). This means we have a great deal of data on how socio-economic factors impact teenage pregnancy and abortion rates, but fewer clear indications of how these effects remain or change throughout the life course, nor how the cultural and discursive elements of class affect the abortion experience.

For example, research suggests that teenage pregnancies are more likely to result in abortions in more affluent areas, whereas in less affluent areas, these pregnancies are more likely to end in live births (Garlick, Ineichen and Hudson, 1993; Lee et al., 2004; Smith, 1993; Walkerdine, Lucey and Melody, 2001). For pregnancy in over-18s, some

studies also suggest that the abortion rate is higher in more affluent communities. For example, one French study (Silhvo et al., 2003) suggests that higher levels of education increase likelihood of abortion for women in France, whilst another study in Scotland (Wilson, 2000) argues that abortion rates, for all age-ranges, 'tend to be highest in regions with highest proportions of the materially advantaged or, alternatively, lowest where deprivation measures are highest'. This latter study has been corroborated by more recent data (Information Services Division and NHS Scotland, 2015). This suggests that certainly in their younger years, and possibly throughout the life course, women are more likely to end unintended pregnancies if they are more affluent or middle-class.

One study which has explored this issue in more depth is that of Ellie Lee et al. (2004). In a national, mixed methods study, Lee et al. explored why there was regional variation of under-18 'abortion proportions' in the UK; in other words, why the proportion of teenage pregnancies ending in abortion was higher in some areas than others. They found that the 'primary factor' accounting for the variation was 'social deprivation,' meaning that the more 'deprived' the area, the more teenage pregnancies ended in live births (a finding which corroborated previous research) (p. 48). Lee et al.'s measurement of 'social deprivation' used indices including, amongst others, the ONS area classification system (which groups together local authorities that have similar socioeconomic and demographic profiles across a broad range of measures), percentage of unemployment in the local area, and the percentage of 15/16 year-olds obtaining five or more GCSEs (p. 10).

The qualitative phase of Lee et al.'s study indicated that cultural and community values relating to responsibility, motherhood and life expectations were highly relevant in the young women's decision making about abortion and pregnancy, and reflected their socio-economic contexts. For example, the authors argue that for young women whose backgrounds were marked by insecure or unstable employment and whose life expectations did not include education or work prospects, young motherhood offered an 'escape route' and a sense of direction (p. 19). In contrast, young women who were 'certain that future life will develop through education and employment' were more likely to opt for abortion (p. 21).

Lee et al. do not use the language of class in their analysis, but in viewing their findings through the lens of cultural class analysis, it is clear that classed discourses of responsibility and motherhood are relevant to their findings. If indeed more affluent or middle-class women are more likely to have abortions following unintended pregnancy, we might consider what cultural and social expectations surround women in different social locations that shape these reproductive decisions, and consider different ways to conceptualise class than Lee et al.'s study has. For example, Walkerdine, Lucey and Melody (2001) argue that middle-class discourses of motherhood emphasise delaying child-bearing until the 'right' time, after completing education and establishing careers; they argue that this produces middle-class women as 'bourgeois subjects' whose minds are given predominance over their bodies. Within these discourses, pregnancy and motherhood are positioned as failure if done at the 'wrong' time, incompatible with success in academia and work. Therefore, middle-class women are positioned as successful if they regulate their fertility closely, and start families at an appropriate time (Allan and Charles, 2014; Francombe-Webb and Silk, 2016; Walkerdine, 2003; Walkerdine, Lucey and Melody, 2001). This can be conceptualised as part of the project which constitutes white, middle-class womanhood as the ideal neoliberal subjectivity, invested in self-regulation and self-invention through making the 'right' choices (Francombe-Webb and Silk, 2016; Harris, 2004).

In contrast, working-class women are positioned as fecund and embodied in a way middle-class women are expected to reject (Skeggs, 1997; Walkerdine, Lucey and Melody, 2001). The higher rates of teenage pregnancy resulting in live births that Lee et al. (2004) attributed to socially-deprived areas are positioned in moral discourse around reproduction by lack: lack of education, lack of control, lack of ambition (Tyler, 2008). This framing was somewhat reproduced by Lee et al.'s framing, which defined the 'disadvantaged' women in their study through lack (of employment, of educational qualifications etc.). This framing was resisted by their own participants who, for example, shared alternative assignments of value to young motherhood, which (as Lee et al. note) is generally framed as a social problem. Framing young motherhood as responsible (p. 19) was one way in which these young, socially 'deprived' women resisted their positioning as lacking in responsibility. This echoes a finding from an earlier study (Press, 1991) in which the assumption that low income is an obvious or particularly understandable reason for abortion was questioned by working-class

women who shared their experiences of raising children on low incomes. As one participant explained, 'there are always options, if you get pregnant and want that child badly enough' (p. 435). These 'options' included shared child-caring amongst family and neighbours. Within this understanding of motherhood and responsibility, abortion can be framed as a middle-class practice, and as 'taking the easy way out', rather than a commitment to 'seeing through' a pregnancy and accepting motherhood (Walkerdine, Lucey and Melody, 2001).

Applying Skeggs' theorisation of class and gender formations to this phenomenon, it is clear that class produces a struggle over the *meaning* and *value* of pregnancy and abortion. For example, investment in caring through motherhood is an accessible form of value in for working-class women, who create this local form of value to a practice that is *de*valued in the wider symbolic economy (Skeggs, 1997). This type of analysis, however, has not been applied directly to studies on abortion experiences, and certainly not recently. The work explored in this section has used proxies for class like social deprivation (Lee et al., 2004) or has applied *a priori* class categorisations to participants (Walkerdine, Lucey and Melody, 2001); has focused on young or teenage women only (Lee et al., 2004; Walkerdine, Lucey and Melody, 2001); or has addressed motherhood but not abortion (Skeggs, 1997). Thus, there remains space for research to be done on abortion which *deconstructs* rather than makes use of class categorisations, and explores the experiences of women of all ages, not only young women.

Stratified reproduction

I now turn to work which has explored how certain discourses of reproduction are legitimised and others are devalued. For this, the concept of 'stratified reproduction' is useful. Coined by Shellee Colen (1995), the term is defined by Faye Ginsburg and Rayna Rapp as 'an idea…to describe the power relations by which some categories of people are empowered to nurture and reproduce, while others are disempowered' (1995, p.3). Stratified reproduction occurs on both macro- and micro-levels, and both inside and outside the abortion clinic, and can be usefully thought in conjunction with Foucault's concept of biopower, the 'numerous and diverse techniques for achieving the subjugations of bodies and the control of populations' (Foucault, 1978, p.140). In the case of abortion, the regulatory practice of stratified reproduction is enabled both by the control of abortion through law and medicine, and by the internalisation of the

knowledge this regulation produces; thus, it is useful to conceptualise the processes by which stratified reproduction occurs both within and outside the abortion clinic.

Medicalisation and regulation: stratified reproduction inside the abortion clinic

Middle-class discourses of delaying childbearing and individualisation of responsibility for childcare are positioned as the norm (Beynon-Jones, 2013). Indeed, this is a phenomenon which occurs in relation to many concepts and practices, not just pregnancy, so much so that Mike Savage has described the middle-class as the 'particular-universal class,' whose practices are regarded as 'universally "normal", "good" and "appropriate"' (Savage, 2003, p.536). One of the ways in which middle-class understandings of reproduction are legitimised is through medical discourse and practices of abortion. As argued in Chapter One ('Abortion law, policy, and public attitudes,' p. 11), abortion legislation in the UK is highly medicalised; it defers to medical knowledge and judgment, and positions medical professionals as the legal gatekeepers of abortion. Several aspects of the Act demonstrate its medicalised nature. The first is the time limit of twenty-four weeks, which is deemed the point at which, if labour were induced, a live birth could result. Below twenty-four weeks, a foetus is not considered 'viable,' i.e. it would not survive outside of the womb. The time-limit for legal abortions is therefore dependent on medical consensus about viability (and the only exceptions to this time limit are also medical: danger to the life of the pregnant woman, or serious 'handicap') (Abortion Act, 1967).

The second notable aspect of the Act is that it contains no special provision for rape, incest, or other circumstances which in other legal contexts are considered exceptional justifications for abortion (for example, in Brazil, where abortion is only permitted after rape or to save the mother's life (Rahman, Katzive and Henshaw, 1998)). Instead, the Act is couched in medical language, foregrounding the importance of physical and mental health. Finally, the Act legalises rather than decriminalises abortion, and does not create a right to abortion, meaning that it remains illegal under the terms of the Offenses Against the Person Act unless performed under the circumstances delineated by the 1967 Act, positioning doctors as the legal gatekeepers of abortion.

The result of these elements is that the Abortion Act allows for both permissiveness and regulation. It is easily proven, for example, that continuation of pregnancy is more risky

than a termination for women in terms of both physical and mental health: more women die in childbirth than from abortion procedures each year, and any indication that a woman's pregnancy is unwanted suggests her mental health would be at risk if forced to continue with it (Raymond and Grimes, 2012). Doctors can therefore quite easily fulfil the Abortion Act's criteria, which Emily Jackson points out could be seen as a 'harmless legal fiction,' if in practice doctors are simply approving decisions that have already been made (Jackson, 2001).

Whilst it is true that the decision to have an abortion is normally made before consultation with a medical professional (Kumar et al., 2004), the primacy of medical opinion and knowledge in the Abortion Act locates regulatory power in the hands of doctors. In Foucault's *The Birth of the Clinic*, he argues that the development of the 'medical gaze' acts as a powerful site of 'truth,' enabled by the modernist positioning of science and medical discourse as objective, wise and all-knowing (Foucault, 1973). This is reinforced by legal discourse which has positioned abortion as a private medical matter between a woman and her doctor (Sheldon, 1997). This medical, legal, and societal valorisation of medical professionals as holders of knowledge and truth means that the doctor's office can act as a site of medical regulation and the practice of stratified reproduction.

Doctors are obligated to talk to patients in order to determine which (if any) of the legal grounds an abortion can take place are fulfilled. Whilst some doctors may agree with Jackson that the Act allows them to simply approve decisions women have already made (as recent research such as Lee, 2017a suggests many do), it remains the case that women are required to express their request in a way which fits the framework of the Abortion Act. This has been critiqued as imposing a framework of understanding premised on negative constructions of abortion as a 'last resort', an anomalous outcome of pregnancy, and therefore not 'woman-centred' (Lattimer, 1998, p.59). Furthermore, as these discourses or frameworks are expressed in the language of medicine, they can be argued to be neutral, objective, or apolitical, when in fact these discourses produce power 'legitimised…by expert knowledge [which] operates through surveillance, normalisation and judgment' (Sheldon, 1997, p.11).

Maxine Lattimer gives the example of one interaction she observed in her ethnography of British abortion clinics (1998). She observed a woman who had already been referred

by her GP becoming frustrated with the requirement that she now had to have another consultation at the abortion clinic. In the face of this woman's frustration, the nurse expressed some sympathy, but reminded her that it was a 'legal requirement' that she put something on her form. The woman was encouraged to provide standard, perfunctory justifications – 'it wasn't planned, I don't have any money, the father doesn't want to know' – in order to proceed (1998, p.70). Lattimer concludes that 'women have to have a very good reason to have an abortion, and simply choosing to have one is not enough' (1998, p.70).

Therefore, despite the potential permissiveness of the Abortion Act, medical professionals are complicit in a requirement for women to provide 'appropriate' justifications for having an abortion shaped by medical discourse that positions childbirth as a normal outcome of pregnancy, and abortion as an anomalous one. What a doctor or nurse deems to be an 'appropriate' reason is not only shaped by the Act, but by assumptions about gender, race, class and disability which form the basis of stratified reproduction. For example, there is evidence that positive antenatal tests for conditions like Down's Syndrome carry an assumption that the parent will want an abortion, and that obstetricians in particular can be directive in their advice to parents following positive test results (Shakespeare, 1998). Tom Shakespeare calls this 'weak eugenics': 'promoting technologies of reproductive selection via non-coercive individual choices…based on the medical judgement that disabled lives involve unacceptable suffering' (Shakespeare, 1998, p.669). This is arguably expressive of a belief that the lives of living disabled people are worth less than those of able-bodied people, and, furthermore, that people should avoid having children who are at risk of passing on inherited conditions (Edwards, 2004; McLaughlin, 2003).

Additionally, the UK has a history of medically regulating the reproductive lives of Black women and poor white women. Prescription of the long-term injectable contraceptive Depo-Provera was prescribed on a trial basis to Black and poor white women in the 1980s before its adverse effects were known (later tests established its carcinogenic contraindications) (Amos and Parmar, 1984; Bryan, Dadzie and Scafe, 1985; Jones, 2013). Black British feminists argued during this time when the white-dominated reproductive rights movement was focusing narrowly on access to abortion and contraception that Black women were already more likely to be offered abortion and sterilisations by doctors than their white counterparts (Bryan, Dadzie and Scafe,

1985; Jones, 2013; Torkington, 1995). Black women were fighting for their right to *be* mothers against a backdrop of racist tropes which positioned them as hyper-fertile and feckless, and yet unfit to be mothers (Jones, 2013; Torkington, 1995).

One of the most recent academic studies to shed light on this process of stratified reproduction through the gatekeeping of abortion is Siân Beynon-Jones' interview study with medical professionals involved in the provision of abortion (2013). Beynon-Jones argues that medical professionals, when asked questions about how they distinguish between rational and irrational abortion requests, mobilised concepts like age and parity (e.g. young women's abortion requests are more understandable, as are those of women who already have children) as well as social class. Certain women's abortion requests were deemed 'rational' because they conformed to health professional's ideas about which types of women should avoid motherhood, for example women from 'deprived' areas dealing with 'unemployment, drug dependence, violence' (p. 518). In contrast, 'nice middle-class couple[s] with resources and money' were positioned as problematic, as they, in the eyes of some interviewed medical professionals, had no 'rational' reason not to be able to have a baby (p. 518).

Similarly, Hawkes' earlier research with family planning professionals examined the 'covert' and 'striking regulatory content' of their practice which was 'directed, in particular, towards young women whose life-styles are deemed "irresponsible," and who are, therefore, considered illegitimate "family planners"' (Hawkes, 1995, p.257). The disjunction between the professionals' stated understanding of their practice as amoral and purely technical and the clear moral dimension of their 'behind-the-scenes' conversations about their work demonstrates the positioning of medical discourse and practice as apolitical or objective. It also demonstrates the explicitly classed dimensions of the moral regulation of reproduction. For example, one professional interviewed by Hawkes explained that in the nearby 'stable middle-class area', women were 'more responsible,' indicated by their contraceptive choices; 'there's a lot more use of the cap and the diaphragm, because women there are more motivated to use it' (p. 266). In contrast, women in another nearby but working-class neighbourhood were 'feckless and irresponsible,' indicated by their choice of 'the pill, the coil and Depo-Provera' which are contraceptive options 'you don't have to think about' (p. 266). These understandings of responsibility and who is capable of exercising it are directly related to the practice of stratified reproduction, as whilst working-class women's choice to use long-acting

contraception was understood as evidence of fecklessness, at the same time their decisions to *have* children were interpreted as irrational and whimsical.

Whilst Hawkes and Beynon-Jones do not include race in their analyses, it is clear that specific discourses about which 'types' of women should reproduce are operating in both classed and raced ways in the doctor's office (Jones, 2013; Bryan, Dadzie and Scafe, 1985; Amos and Parmar, 1984). What remains unclear in the current literature is how these practices might affect the experience of women seeking abortions. In Foucault's conceptualisation of governmentality, analytical focus should not only be centred on power concentrated within institutions like medicine and the state, but should also attend to the 'technologies of the self' which co-constitute it (Foucault, 1977). In this sense, there remains opportunities to research women's abortion narratives which maintain a 'critical bifocality' between the micro and macro, accounting for the ways in which wider processes of neoliberal government might be 'insinuated, embodied, and resisted' by individual women (Weis and Fine, 2012, p.173). Beynon-Jones warns that her work does not provide direct evidence of contemporary abortion practice working as a site of stratified reproduction, but are evidence of 'the operation of dominant discourses of abortion and motherhood in contemporary Britain' (p. 521). It is to these wider dominant discourses, and their relation to individual abortion narratives, that I now turn.

Stratified reproduction outside the abortion clinic

As well as medical regulation, the practice of stratified reproduction is embedded in both overt and covert forms of social regulation of reproduction. One of the ways in which this can be seen most starkly is through the construction of teenage pregnancy as a 'social problem.' In the same way that youth was legitimised by medical professionals as a rational, understandable reason to grant an abortion request in Beynon-Jones' (2013) study, the decision to continue a pregnancy as a teenager is positioned as deviant in policy discourse (Arai, 2003). Furthermore, teenage pregnancy's association with classed and raced assumptions about responsibility and social degeneration both reproduce stigmatising discourses which devalue and delegitimise poor, working-class and black women, and produce a powerful figuration of the ideal, white, middle-class mother (Arai, 2003).

The position of teenage pregnancy as a social problem is reflected in policy, which pathologises early pregnancy as arising out of 'out of inappropriate motivations, ignorance or sexual embarrassment' (Arai, 2003, p.202). For instance, the higher rates of teenage conception and pregnancy (and lower rates of abortion) in 'deprived' areas of the UK have produced what Lisa Arai describes as 'puzzlement' in policy makers and researchers, who have attributed them to lack of sexual education/knowledge and low aspirations and expectations (Arai, 2003). The decision-making of these young, often working-class, women is therefore devalued as evidence of a lack, leading Saara Greene to note that 'feminist perspectives on "choice" do not appear to permeate the lives of working-class women and women from specific racial, ethnic and religious backgrounds' (2006, p.38).

Paradoxically, at the same time as being positioned as lacking agency and sufficient knowledge to avoid pregnancy, young, working-class mothers are also routinely accused of having children as early as possible in order to claim benefits (Nayak and Kehily, 2014; Tyler, 2008). This particular construction of young working-class mothers has been argued to be a figuration of middle-class anxieties about 'female sexuality, reproduction, fertility, and "racial mixing"' (Tyler, 2008, p.17). These women are at once feckless and calculating, un-aspirational and greedy in this representation. Against this unstable yet powerful figuration of the young, working-class mother, the ideal mother is silently produced. She is white, middle-class, and wealthy; she waits for the 'right' time to start a family within the context of a stable relationship and career.

Women's decisions about pregnancy are taking place in the midst of these discourses of responsibility and aspiration. Much work on reproduction and class has focused on young, working-class women, but little attention has been paid to how middle-class women experience and narrate their encounters with these discourses. This is problematic, as it leads to a particular construction of working-class women as less able to be agentic in the face of these dominant discourses. For example, Saara Greene's (2006) study with young working-class mothers notes:

> Throughout my interviews with the young mothers, it became increasingly clear that even when news about the pregnancy initially resulted in feelings of fear and anxiety, class and cultural values prevented the majority of the young mothers from considering abortion as a solution to dealing with an unplanned pregnancy (p. 33).

Whilst Greene goes on to share some of the strategies of resistance these young mothers developed in reaction to the 'social problem' discourse surrounding young motherhood, it is notable that 'working-class culture' is identified here as preventing the women from exercising full reproductive agency. There are few examples of researchers framing middle-class culture as 'preventing' women from making choices about their reproductive lives. Greene goes on to suggest that young motherhood in working-class communities will continue until this group's structural position in society changes, or 'until such time as [young working-class women] are socially and culturally programmed to seriously consider or to access' other life goals (p. 38). This analysis reproduces the classed 'social problem' discourse surrounding young motherhood, and presents the young women's narratives about motherhood as a vocation or a demonstration of responsibility as false consciousness; Greene fears 'they do not have any choice apart from becoming a mother' (p. 38). Again, it is notable that it is working-class 'culture' is positioned as at fault.

Whilst it is clear that social, political and cultural dimensions of class are important aspects of abortion experiences and attitudes, it is problematic to assume that working-class culture requires more scrutiny than middle- or upper-class culture. Similarly, whilst scholarly work on class has understandably focused heavily on working-class experiences and positioning, if the middle-class are the 'particular-universal' class whose experiences are assumed to be normal and universal (Savage, 2003), it is incumbent on social researchers to turn as critical an eye on this as they have on the working class. This study offers an opportunity to examine how women who are structurally positioned as relatively privileged narrate their abortion experiences, negotiate stigma, and resist or reproduce discourses of class and gender in their abortion stories.

Conclusion

It is clear that previous work on abortion has laid important ground work for developing a 'sociology of abortion experiences' (Purcell, 2015). However, questions and puzzles remain, and central to these are the idea of 'meaning-making' about abortion. The body of work seeking to expand knowledge about abortion experiences has made some use of a discursive framework to analyse what subject positions are made and unmade in abortion narratives (e.g. Beynon-Jones, 2017); however, this work rarely engages directly or in-depth with identities or axes of oppression other than gender. Work that

has directly addressed class and abortion has approached the former from as an *a priori* category, and has not achieved the in-depth, discursive analysis of abortion experience literature. Women's abortion stories are not only useful for discovering the reasons why women decide to end pregnancies, but offer insights into how individuals negotiate, use and resist dominant discourses about a stigmatised procedure. Furthermore, analysis of abortion narratives using a feminist, poststructural understanding of class enables an analysis of these narratives as productive of, not simply reflective of, wider discourses of class and gender that characterise abortion experiences.

The role of discourse is key to this question, referred to in previous work on abortion variously as 'cultural narratives,' (McIntyre, Anderson and McDonald, 2001) 'interpretative repertoires' (Beynon-Jones, 2017) and 'framing discourses' (Kumar, Hessini and Mitchell, 2009). MacIntyre et al. argue that abortion narratives are characterised by 'struggle' for individual women to 'create her own narrative' against the risk of being defined through discourses that do not reflect her own understanding or experience (2001, p.50). This presents an interesting parallel to Imogen Tyler's theorisation of social class as a 'struggle against classification' (2015a) within which individuals attempt to narrate their lives against dominant discourses which might devalue and delegitimise them. There is space for research which centres these struggles over meaning, and approaches abortion narratives as social actions that produce and reproduce particular subject positions (Beynon-Jones, 2017). Doing so in the context of 'neoliberal times' in which the divisions in British society are increasingly clear is possible to do using a poststructural, Foucauldian framework which attends to which forms of knowledge are produced, legitimised, and de-legitimised through the telling of abortion stories.

Chapter Three: Methodology

In this chapter, I outline the process of designing this study, from its epistemological and theoretical basis, to the choice of method, analysis, and ethical framework. I begin by developing an epistemological framework that synthesises aspects of three feminist traditions: standpoint theory, poststructural theory, and intersectional theory. What results is a framework that understands the subject as a continual production rather than a static, unified self through which a particular 'truth' can be accessed; this subject is formed within a 'matrix of domination' (Hill Collins, 2002) which includes gender and class.

I go on to outline the research design that proceeded from this epistemological framework. I explain the choice of the life story method as a useful way of allowing a full, participant-led narrative to be created; who was recruited to take part in the research; and the method of narrative discourse analysis I chose to analyse their stories. I go on to reflect on the role of the researcher and the practice of 'feminist interviewing', and finish with an articulation of an ethical framework for the research that uses Butler's reconceptualization of vulnerability as resistance (Butler, 2014) to conceptualise participants in 'sensitive' research.

Epistemological framework: feminist traditions, feminist innovations

This study is fundamentally feminist for several reasons. It recognises the workings of gendered and related oppressions on people's lives; it is concerned with the experience of a marginalised group of people; and it seeks to change these conditions of oppression and marginalisation (Ramazanoglu and Holland, 2002; Smith, 1987; Stanley, 1990). As such, it approaches empirical research from a particular standpoint and makes particular claims about how one can and should understand the social worlds of others.

The concept of 'feminist' research has its roots, at least in Western academia, in the 1960s and 70s. Alongside the second wave of the social movement from which it sprung, feminist research was developed in reaction to the way women's lives and experiences were being ignored in academia, in favour of the assumption that men's lives and perspectives could be considered universal. Feminist academics challenged this not only by shifting the focus of *what* social scientists should be studying, but *how*

it was studied (Harding, 1986; Smith, 1987). For example, scholars like Ann Oakley (1981) challenged the assumption that social researchers should embody a detached, 'objective' manner when conducting sociological interviews, arguing in defence of a style of interviewing that considered the power dynamics between researcher and researched, and embraced principles like emotionality and friendship. Feminist approaches to social research like these challenged what was seen by feminist academics as a male preoccupation with positivist principles and concepts like objectivity, which, whilst useful in disciplines like the hard sciences, were inappropriate for qualitative study of women's lives (Oakley, 1981).

These feminist innovations – which have since become feminist traditions – have shaped the epistemological and methodological foundations of this study in several ways. First, this study begins with the assumption that it is useful to begin from the experience of those who have abortions. Whilst this may seem an uncontroversial starting point, it is necessary to locate this assumption within the tradition of feminist standpoint theory and the ontological and epistemological claims it makes, particularly the idea that certain marginalised subjects enjoy 'epistemic privilege' (Harding, 1986). This assumption is troubled by feminist postmodern approaches which suggest that all knowledge is partial, and question the idea of a stable, unified 'self' from which a position of 'epistemic privilege' can be produced (Butler, 1994). The feminist standpoint approach is also troubled by intersectional feminist theory, which has critiqued the tendency of feminist research to centre the experiences of white, middle-class women and to claim this standpoint can speak for all women (Crenshaw, 1991). In bringing these different feminist approaches into conversation with each other, I develop an epistemological framework influenced by all three traditions. This framework shaped a study which begins from the experience of those who have abortions (who are almost always women), whilst maintaining a critical awareness of how these experiences are shaped by gender, class and other intersecting axes of oppression and privilege. In so doing, this study does not aim to make generalised claims about *the* experience of abortion, but rather aims to explore how meaning is made about that experience through particular constructions of class and gender.

One of the epistemological claims of feminist standpoint theory is that the perspective of the marginalised is more 'objective' than the privileged, by virtue of having experienced oppression which the privileged may never perceive (Harding, 1986). This

claim was developed as a rationale for beginning feminist research from the experiences of women. In contrast, feminist poststructural theory has argued that no perspective escapes partiality, therefore the idea of 'objectivity' is not possible (Hawkesworth, 1989). Indeed, poststructural theory questions the very possibility of a unified, stable 'self' from which a standpoint can be taken; in Butler's words, the subject is 'never fully constituted, but is subjected and produced time and again...[it is] the permanent possibility of a certain resignifying process' (Butler, 1994, p.13). If the self is a continual production and reproduction, then the category of 'woman' is one of 'multiple significations' (Butler, 1994, p.16). This therefore problematizes feminist standpoint theory by questioning whether knowledge from one standpoint can ever really be universal.

In thinking through this tension, the work of intersectional feminists becomes useful. Intersectionality bears some relation to both standpoint and poststructural feminism. Its critique of the assumed universality of the white, middle-class subject is similar to the standpoint critique of the assumed universality of the white, male subject, for example, and the concept of 'epistemic privilege' developed by standpoint theorists bears some relation to bell hooks' intersectional theorising of the subject on the 'margins'. Hooks argued that Black women, living on the 'edge' or 'margins' of mainstream feminist organising, 'developed a particular way of seeing reality':

> We looked from both the outside in and the inside out. We focused our attention on the center as well as the margin. We understood both. This mode of seeing reminded us of the existence of a whole universe, a main body made up of both margin and center. […] At its most visionary, [feminist theory] will emerge from individuals who have knowledge of both margin and centre (2000, p.xvi).

This bears similarities to the idea of 'epistemic privilege' that standpoint theorists argued women possessed as subjects routinely excluded from practices of power, developing their own forms of knowledge in order to both survive and undermine their own subordination (Essers, 2009, p.164).

In discussing the development of intersectionality, Crenshaw notes that it is a 'concept linking contemporary politics with postmodern theory' (1991, p.1243). She argued that intersectionality can aid the 'postmodern project' of 'thinking about the way power has clustered around certain categories and is exercised against others' and efforts to 'unveil the processes of subordination and the various ways those processes are experienced by people who are subordinated and the people who are privileged by them' (p. 1297).

Intersectionality therefore offers a useful framework for a research project explicitly interested in an intersectional experience: how abortion, a gendered phenomenon, intersects with social class. It also offers a framework which both considers the partiality of the subject positions created at these intersections of identity, and how their production is located in a 'matrix of power' which legitimates some subjects and not others (Butler, 1994).

Therefore, in choosing to research abortion through the life histories of those who have had them, I am influenced by all three epistemological traditions: standpoint, postmodern, and intersectional. It begins from the experience of those who have abortions, whilst rejecting the idea that any one standpoint can lay claim to objectivity. It does not seek to separate out the experiences of gender and class, recognising that people do not live 'single-issue lives' (Lorde, 1982). As Essers (2009) argues in relation to the relationship between standpoint and postmodern feminism, 'feminist standpoints [are] multiple' (Essers, 2009). In choosing to examine the experience of abortion through the life stories of women who have had abortions, this study does not claim to access a universal or 'objective' standpoint through which to understand the experience of abortion. Instead, it provides a critical examination of how a group of mostly white and middle-class women made meaning about their experiences, and the 'contingent foundations' upon which this knowledge is produced (Butler, 1994).

From epistemology to methodology

This epistemological framework therefore shaped a study that used the qualitative interview as a useful way to explore the experience of and meaning-making about abortion. I wish now to make explicit how it has shaped the methodology of this study, from the research design phase, to the field, to the analysis process. A feminist epistemological framework entails certain methodological decisions about how best to understand people's social worlds, and how to conceptualise the role of the researcher in gaining this understanding. In starting from individual's narratives about their lives, this project was guided by principles of feminist qualitative interviewing which include anti-positivism, collaboration, and emotionality. I here outline how these guiding principles shaped my methodological approach to the actual practice of interviewing, before detailing how participants were recruited and chosen to take part, how the life story interview worked in the field, and how I employed the method of narrative discourse analysis to answer the research questions that framed this study.

Life story interviewing

As a methodology which 'attempts to understand the world from the subject's point of view' (Kvale, 1996), the qualitative interview 'is a construction site of knowledge…an inter change of views between two persons conversing about a theme of mutual interest' (p. 3). Rather than using a traditional semi-structured interview method to construct this 'site of knowledge', I chose to use the life narrative, or life story, method. At its most basic, a life story is 'a fairly complete narrating of one's entire experience of life as a whole, highlighting the most important aspects' (Plummer, 2011, p.198). Life story research is part of a broader umbrella of biographical research methods, which includes life history and oral history methods. In practice, these terms are largely interchangeable; they all seek to explore individual accounts of a life, understood within its socio-cultural context. However, I have chosen to use the term life story in order to foreground my focus on the constructed nature of the narratives my participants tell. The terms 'life history' and 'oral history' are more common in History research, and often indicate a realist focus (Miller, 2000); using the term 'life story' explicitly indicates that I am less interested in piecing together what 'really happened' to my participants than exploring how they construct narratives about abortion.

The motivation for using life story interviews as the most appropriate way to answer my research questions was threefold. First, fully understanding the impact of class on a person's life and their understanding of it requires more than a brief account of that life. A life story gives space for the participant to paint a complex picture of the various threads that weave their experiences together, as well as space to elucidate the ways in which they construct their identities.

The second reason, following directly from the first, is that as Skeggs (1997) found in her research on class and respectability, class is often unspoken. Class was almost never talked about by her participants in terms of recognition (e.g. 'I am working class'), but was displayed by their efforts *not* to be recognised in this way. Class was the 'structuring absence' in these women's claims to respectability (p. 74). Inviting all of my participants to share their narratives rather than asking them outright to 'speak' their class was a technique that was more likely to give participants space to communicate the complexity of their circumstances.

Finally, Marylin Porter and Diana Gustafson (2012) argue that due to the medicalisation of women's reproductive experiences, there is a tendency to compartmentalise events like pregnancy, abortion and miscarriage, treating them as pathology and severing them from the context of a whole life. They mobilise the term 'reproductive life' to reflect that these individual events occur in a 'complex web' of both bodily and social factors (p. 13). I would like to expand this framing beyond the reproductive life by exploring my participants' abortions within the context of their whole life story and its gendered and classed dimensions. Additionally, it was important to me to provide an unstructured interview space which did not contribute to 'troubling' or stigmatisation of abortion, and which did not over-emphasise the need for the participants to justify why they had one (Beynon-Jones, 2017).

As a method, life story research often employs narrative interviewing, which differs from traditional sociological interviewing in several ways. Susan Chase (2005) characterises the relationship between a narrator and a listener as distinct from that of an interviewer and an interviewee, advising life story researchers to approach their interactions with participants in a way that facilitates this unique relationship. This entails a move away from the idea that interviewees are there to answer the interviewer's questions, and towards the idea that interviewees are narrators with stories to tell. In practical terms, this means framing the interview in a way that explicitly invites participants to tell stories rather than asking what Chase calls 'sociological questions': questions organised around the researchers' interests which might prompt answers the participant thinks the interviewer wants to hear.

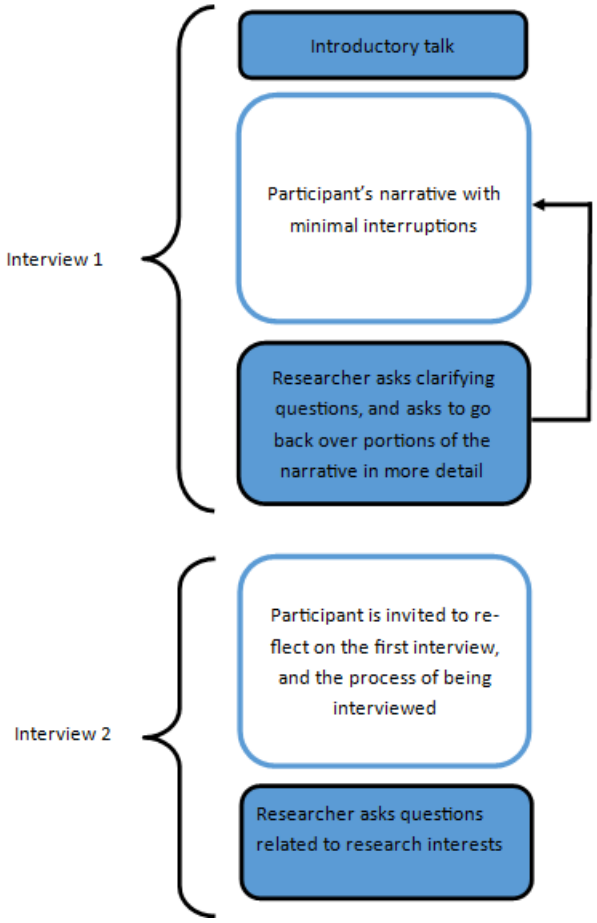
As a result, despite the method differing according to discipline and theoretical outlook, life story research usually involves unstructured interviewing, in which the researcher does not prepare an interview schedule or specific questions, but rather invites a narrative (or a dialogue) that develops organically. This unstructured method is useful for life story research because it allows the narrator to indicate what the most important themes, stories, or events are in their life story without the researcher imposing with their specific research interests.

However, that is not to say that the researcher's questions have no place in life story interviewing. One highly structured method of biographical interviewing, Biographic-Narrative Interpretive Method or BNIM, offers a model that allows for both

unstructured narration from the participant and for the researcher to subsequently hone in on their research interests. In BNIM interviewing, the first phase is an 'open narrative' where the interviewer asks a broad eliciting question and listens with few interruptions to the resulting narrative. Second, the researcher asks for clarifications that arose for them during phase one, and asks interviewees to go over in close detail particular memories to add detail. Finally, the researcher hosts a more traditional semi-structured interview, focused on their own research interest, after analysing the open narrative interview (Ross and Moore, 2014; Wagner and Wodak, 2006).

As a method rooted in psychoanalysis, I did not feel that BNIM was appropriate for my study. Its focus on uncovering participants' 'unconscious motivations' through techniques designed to elicit specific memories seemed invasive; for example, Ross and Moore (2014) note that using BNIM provokes emotional responses 'unparalleled' by more traditional, semi-structured interviews (p. 8). The question arises whether this is desirable, and if it is, for whom. One researcher on the analysis panel for Ross and Moore's study noted that 'the interview felt more like therapy, but without a trained therapist to hold the emotions expressed' (p. 8). This approach to narrative interviewing therefore seemed inappropriate for the subject matter of this study (although see 'The interview as therapeutic,' p. 91).

Despite this, the multi-interview model used in BNIM, in which the interviewee's narrative voice is initially centred followed by the researcher's own questions and research interests provides a useful model for narrative interviewing. I was keen to provide a similar structure for my interviewees, so piloted a two-interview method:



This method worked well in many respects. I was sure to confirm with all of the women who volunteered to take part that they understood that our first interview would be very open, that they could begin wherever they liked, and that I was interested in their whole life story, not only their abortion experience. After some introductory talk (small talk, giving the participant a chance to ask me questions, reminding them of what the interview entails), I would ask a broad eliciting question. This would be some variation of: 'if I were to ask you to tell your life story, where would you start?'

For several interviewees, this had the intended effect; they would begin with whatever felt natural in response to the prompt, and their narrative proceeded organically with minimal questions or interjections. However, there were some participants for whom such a broad question was intimidating or confusing, and who asked for more guidance before telling their narrative. For example, here is an extract from my first interview with Karen[2]:

[2] All names are pseudonyms. See Appendix A for biographical sketches of participants.

Gill So if I were to ask you what your life story is-

Karen (Laughs) Oh god!

Gill (Laughs) Where would you start?

Karen Goodness, that is a really big question, um…I'm trying to think how I'd respond to that.

Gill You can start wherever you like.

Karen So do you mean in terms of, uh, in time, where would I, what, could you explain the question, sorry (laughs)

Gill Sure! I'm sort of letting people choose where they want to start, so my ideal situation would be that throughout the interview I get a sense of your backstory, almost. You know, where you came from, how it leads to what you're doing now, and what you feel like are the most significant times in your life.

Karen Sure, well, the first thing that springs to mind is that I'm an academic…

On reflection, my choice of eliciting question – essentially, 'what is your life story?' – was rather broad, and slightly awkward. In subsequent interviews, I chose to modify this by using eliciting questions that were more conversational, and prepared a prompting question to follow if this proved too intimidating. For example, here is an extract from a later interview, my first with Lucy:

Gill So what I'm interested in most of all is, what makes you you? So what you, what's brought you to where you are today? What's your story? (Laughs)

Lucy (Laughs) I don't know! God. One of my friends said she wanted to write a play about my life.

Gill Oh fantastic (laughs)

Lucy (Laughs) I don't know, those are quite big questions. I don't know where to begin.

Gill Well, you can begin wherever you like. Maybe, shall we start with, well how about we start with what you're doing now and we can work back from there? So (overlapping speech) tell me a bit about your life at the moment.

Lucy (Overlapping speech) OK, so. Um, so like I say, I'm moving jobs, moving house again…

Asking for people to begin from their life today and work backwards worked well as a prompt for anyone who found the broader eliciting question difficult to answer.

The usefulness of unstructured life interviewing and broad, eliciting questions are therefore not the same for everyone. On one hand, broad, open questions can be non-threatening and enable narrators to freely construct an understanding of their own life (Merrill and West, 2009). On the other hand, this freedom can feel intimidating, and some participants may not feel they have anything interesting to tell without the researcher asking them questions (Ross and Moore, 2014).

This intimidation is almost certainly classed and gendered; Merrill and West (2009) suggest that more 'vulnerable' groups may appreciate the likely topics of an interview being disclosed beforehand in the form of a list of key questions. Whilst I chose not to provide a list, I did act on feedback I received from my pilot participant, who said that although I had indicated our interview would be a life story, she was surprised by the breadth of my questioning, and felt confused as to how much of the interview related to the topic of abortion. In response to this, I added more explicit information to the Participant Information Sheet (Appendix F) related to this study, explaining that the interview is as much about forming a full picture of people's lives as it is about their abortion experience. I also made sure that this was part of my introductory talk; I would explain that it may not be clear why I ask certain questions but that I was happy to explain my line of thought, and also that I like to let the people I'm interviewing take the lead in painting a picture of their life during the first interview. After the first pilot interview, no participants fed back that they felt confused about the format or topics covered.

I interviewed most participants twice. Five of the women either dropped out of contact after the first interview, or were not available to meet up a second time. The second interviews were more structured, beginning with an invitation to comment on anything from the first interview they had thought about or wanted to reflect on. I offered everyone the option of having the transcript of our first interview emailed to them for their reference before the second interview, which many people accepted; only one or two of the women used them explicitly as a prompt for the second interview, however. After this, I asked questions that had arisen during transcription and analysis of the first interview, which were either clarifying questions or more analytical ones relating to my

own research interests. Holding multiple interviews also helped establish rapport (Oakley, 1981).

I chose to only ask explicit questions about class in this second interview, following the example of Savage, Bagnall and Longhurst, (2001), who did the same in their interview study on class identities in order to avoid loaded questions which prompt 'classed' answers, instead waiting to see if class was salient to people themselves. There were a set of questions – mostly about social class, but some about abortion – that I asked near the end of every second interview:

- Are there any circumstances you feel abortion can't be justified? Are there any reasons that might make you feel uncomfortable?
- Conversely, are there any circumstances in which you think it's right or wrong to start a family?
- I'm interviewing people who have ended pregnancies over the last 8 years or so – one of the things that has happened in those 8 years are the recession, and austerity and that kind of thing. So I have a few questions for you about our current society:
    - One thing people seem to have started talking more about over the past 8 years is the idea that social class is still a relevant thing. What do you think about that?
    - What do you feel it means to be working-class, and middle-class?
    - At any point in the decision-making process, did the current political and economic situation enter your mind at all e.g. austerity?

These questions, which in some cases had already been answered organically in the previous interview, were helpful in elaborating, and in some cases contrasting with, people's previous talk about social class and their attitudes towards abortion.

Visual methods

Whilst designing this research, I anticipated that visual, interactive methods like timelining would be helpful. In the field, however, I found that they were not particularly welcomed by participants, and felt clumsy. The purpose of preparing these interactive methods was twofold. On one hand, asking participants to physically construct a timeline with me of important life events and create diagrams of important

relationships and networks seemed helpful to me as a researcher. Timelining can have particular value for narrative research, as a heuristic tool for eliciting talk (Sheridan, Chamberlain and Dupuis, 2011), and other activities like card sorting have been linked to obtaining more detailed and 'sensitive' information from participants (Lugina et al., 2004). These types of visual and interactive methods have been argued to be useful for participants, for example by providing a visual focus if the participant is disclosing a distressing or embarrassing story, and helping them feel less on-the-spot about remembering details of their timeline (Sutton, 2011).

However, my experience of these visual methods was less positive. I was keen to have participants create a timeline on a large, A3 sheet of paper with post-it notes. To that end, I bought an A3 sketchpad with a black hardcover. Bringing it out during the pilot interview immediately indicated that this method may not be as useful as I had anticipated; the open sketchpad barely fitted on the small table I was sitting at with my participant, and the hard cover and obvious quality of the paper (it was an 'artist's sketchbook') appeared excessive and even intimidating in this context. Anna, the woman I was interviewing, joked with me that she was worried about using up my supply of post-it notes, and did not seem particularly keen to use then or to write anything on the paper without prompting from me.

It was clear to me that I had romanticised this interactive element of the interview before entering the field. I had expected, somewhat naively, that I would be able to lay the paper in front of the narrator, and they would happily scribble away and move post-it notes around without much prompting. In reality, in both the pilot and a following interview with another participant, people did not touch the timelining materials whilst they talked, and if prompted by me made a perfunctory effort to write things mostly, it seemed to me, to be polite. Whilst these methods have been demonstrably useful to other researchers (e.g. Sutton, 2011; Lugina et al., 2004), my feeling is that whilst narrative interviewing came very easily to me, and allowed me to embody the role of a relaxed, engaged listener, I felt awkward with the interactive methods, and that no doubt came across to my participants. It may also be the case that because my participants were prepared to tell their sometimes emotional and distressing stories to me – in some cases, were eager to – that timelining served more as a distraction from engaging with an active, sympathetic listener rather than a helpful focus.

Another consideration that may explain lack of engagement with timelining is the imposition of a linear structure it entails on a narrative. Throughout the correspondence I had with participants prior to interviews and the interviews themselves, I encouraged people to begin wherever they liked, and in interviews I followed the logic of their narrative with limited interjections (especially in first interviews). Prompting participants to use the timeline materials I had brought was arguably a major interjection, an encouragement to think in a linear and chronological manner. This jarred with the open, sometimes circular and iterative nature of the narratives my participants chose to tell.

As such, I abandoned use of these visual methods after the first few interviews. However, their use was not entirely for nothing. Months after I had moved on from attempting to use the time line exercise with interviewees, one participant, Violet, mentioned during a follow-up interview that it had been an interesting exercise for her, as it had prompted her to reflect on why she had chosen certain moments in her life as important or defining. This lead to an interesting and wide-ranging discussion that may not have been possible if I had not used the time line as a prompt in our first interview. It is therefore a method I am keen to try again in future research, with these experiences in mind.

Recruitment

This study used a purposive, non-randomised sampling method to recruit fifteen participants who had had abortions in England, Scotland or Wales since 2008. The nature of this study meant that participants would be self-selecting, coming forward in response to recruitment material.

The study had three inclusion criteria. First, participants must have had an abortion in England, Scotland or Wales. Recruitment was restricted to abortions in England, Scotland or Wales rather than the UK as a whole because although Northern Ireland is part of the UK, the 1967 Abortion Act has not been extended there and therefore abortion access is far more restricted. As a result, people who have abortions in Northern Ireland will be subject to a different set of medical, legal and moral discourses and regulations. In the end, only women who had had abortions in England came forward to take part in the study.

The second inclusion criterion was that participants must have had an abortion since 2008, in order to reflect that this study was interested in the socio-political landscape of post-financial-crisis Britain, and its importance as a socio-historical moment (as described in Chapter One, 'Neoliberal times,' p. 17). The final criterion was that participants must be 18 or over. If participants ended a pregnancy when they were below 18, they could still take part in the study as long as they were over 18 at the time of interview (participants below the age of 18 are not considered to be adults and therefore unable to give fully informed consent) (University of Sussex, n.d.).

The desired number of participants I found difficult to gauge and the number was revised several times as recruitment progressed and the data was collected. Life stories tend to produce a mass of rich data, more so than a traditional sociological interview, and it is a method that has been successfully used in case study research, in which only a handful or even one life story forms the basis of analysis (for example, Crapanzo, 1980). I took as a template studies such as Kirin Narayan's life history interviews with women in North-West India, in which she interviewed fourteen women (2004), and Wendy Watson, Nancy Bell and Charlie Stelle's life history interviews with eight women who married in later life (2010). Small numbers of participants allowed these researchers to collect wide-ranging, in-depth narratives and analyse them in a similarly in-depth manner; I therefore aimed to recruit between ten and fifteen participants, ultimately recruiting fifteen people for interview.

Participants were recruited through a combination of online advertising through Facebook, Twitter and the study's website (Appendix B), flyers and posters at two British Pregnancy Advisory Service (bpas) abortion clinics (Appendix C), and word of mouth. The study was first approved by the University of Sussex Cross-School Research and Ethics Committee, and subsequently by the bpas Research and Ethics Committee, and the Surrey and Borders NHS Research and Ethics Committee (Appendices K, L and M). As a result of the latter approvals, permission was given to advertise the study in two bpas clinics, both in large Southern cities (the process of obtaining ethical approval is addressed in 'Institutional ethics,' p. 83). In discussion with the research nurse at bpas, my initial request to advertise the study in five clinics across the country was revised down to two clinics within easy travel distance, as it was advised that recruitment would be improved if I were able to visit the clinics as a 'human face' to the research. Whilst it was beneficial to visit the clinics in order to

speak with staff to thank them for their co-operation as well as answer their questions about the study, it was in discussion with staff that it became apparent that my visiting the clinics regularly would not be particularly helpful. Prospective participants were more likely to want to take away recruitment material and consider whether they wanted to take part at home rather than speak directly to the researcher in the midst of a potentially stressful time, and my presence would have been an inconvenience for staff. In retrospect, it would have been helpful to have advertised in more clinics across the country as per my original request; this is something I will bear in mind in future research using this recruitment method.

It was agreed with staff in both clinics that posters would be displayed in waiting rooms that advertised the study (Appendix C), and reception staff agreed to let people know when they signed in for their appointments about the study, and would give everyone a flyer along with their other paperwork (Appendix C). Flyers were translated into a number of other languages including Polish, Italian and Hungarian, reflecting the demographics of patients who accessed these clinics.

All recruitment material provided my contact details, as well as a link to an online questionnaire (Appendix D). Participants could email me directly to indicate they wanted to be interviewed, or could leave their email address at the end of the questionnaire. The questionnaire collected basic information like age, ethnicity, and sexual orientation, as well as details about their abortion(s). The questionnaire served several purposes: firstly, to filter out anyone who did not fit the inclusion criteria, secondly to allow me to see who was being represented or under-represented, and to provide some talking points for interviews if needed. 46 people completed the questionnaire; 33 of these left their email addresses. All were contacted, but several did not reply, or dropped out of contact. Ultimately, fifteen women were interviewed. All participants were given a consent form (Appendix E) and information sheet (Appendix F), as well as a resources sheet at the end of the interview in case they needed further support (Appendix G).

The questionnaire, set up on Google Forms, invited people to self-identify when it came to their ethnicities, genders, and sexualities. All participants identified their gender as either ‘woman’ or ‘female’, with one participant answering ‘AFAB’ (assigned female at birth). No participants identified as transgender. The majority of participants identified

as White British (13), with one participant identifying as Mixed African Black/White, and one not answering. Ten identified as heterosexual, one as bisexual, one as queer, one as 'soulsexual' (attracted to people's internal qualities as opposed to their gender), one described herself as 'liking more than one gender,' and one did not answer.

Whilst the questionnaire did not use any indicators of social class (apart from occupation), it became clear that of the fifteen women I interviewed, all of them had at least a bachelor's degree, with four of them either completing or having been awarded PhDs. There are several reasons why women in Higher Education were so over-represented. Firstly, the most successful recruitment method I used was online recruitment through social media, and therefore this method was to some extent shaped by my own social circles. Indeed, three women contacted me because they followed my academic supervisor on Twitter and had seen her advertising my study. Secondly, university students, particularly those in the social sciences and humanities, will be more familiar with university research and what an interview study entails, perhaps making them more likely to take part. Finally, the PhD students in particular expressed a desire to help out a fellow researcher, as they had experienced first-hand the difficulty that can arise from recruiting for studies.

Whilst initially I had not planned to interview such a homogenous group of women, during data collection it became clear that this presented an opportunity to analyse the narratives of women who had various degrees of proximity to middle-classness. For example, many of the women interviewed were securely middle-class in the sense of their levels of economic, cultural and social capital (Bourdieu, 1984), but expressed ambivalence towards that label, or the idea of belonging to a social class entirely (echoing the findings of Savage, Bagnall and Longhurst, 2001). Conversely, several women came from what they described as working-class backgrounds before entering Higher Education, and reflected on what this entry into the academy meant for their class identities, and how their accrual of cultural capital in this way was both beneficial to them and uncomfortable at the same time. As such, these life stories have been analysed partly as windows into the contested, ongoing production of middle-class womanhood in neoliberal times.

Location of interviews

After having completed the questionnaire and being contacted by email, participants were sent the study's consent form (Appendix E) and information sheet (Appendix F). If they were happy to go ahead after reading this material and asking for clarification, we arranged a place and time to meet. As Elwood and Martin (2000) argue, choosing the location of research interviews is not trivial, as the 'microgeographies' of interview spaces 'constitute power and position of researcher and participants' (p. 650). For example, an interview conducted in the researcher's university office might feel formal and constitute the researcher as 'expert,' affecting the dynamic of the interview; a more 'neutral' space like a local café, in contrast, might lack privacy. After considering the nature and length (between one and three hours, usually) of the interviews I would be conducting, I offered participants a choice of locations. I explained that I was happy to meet them at home, that they were welcome to come to my own home if they lived nearby, or that we could arrange a sufficiently private space elsewhere. None of my participants chose the latter option; if they had, I would have drawn upon their local knowledge to choose a location they were happy with, or if they lived in my city, I would have offered to book a private space in the local library.

Most participants did invite me to visit them and conduct our interviews in their homes, since we would be discussing personal issues unsuitable for discussion in a public place. This choice of interview location was ideal for a number of reasons: it meant that participants were on 'home turf' rather than somewhere unfamiliar; it provided a comfortable and informal space to conduct a wide-ranging, personal interview; and it did not require travel time and expense on the part of the women who took part. As Elwood and Martin note, being at home enables a discussion of 'home life' and the private sphere more readily than a less intimate space might (2000).

Being in these participant's homes also gave an opportunity make observations that may not have been possible elsewhere. For example, one participant, Violet, had vibrant and unusual decorations in her living room. After I commented on them, she explained that she had shared her flat with a long-term partner, and after the break-up of that relationship had redecorated in an effort to make the space 'hers'. These small details and interactions added to the richness of the data.

I travelled to various locations across England to interview participants. From a safety perspective, I made sure that I informed a friend when I was travelling to a participant's house for the first time, how long I expected to be there, and agreed check-in times to contact them and let them know I was safe. However, all of my experiences of interviewing participants at home was a positive experience.

Three participants took up my offer to be interviewed at my flat. These three participants all lived nearby, but preferred not to be interviewed at home either because they lived with others and felt it was not private enough or, in the case of one participant, my flat was conveniently on their route home from work. I was aware that the dynamic of these interviews might be affected by being in 'my' space, but all three participants seemed comfortable and at ease. In fact, these interviews at my flat produced some of the longest, richest interviews in the study. Being in a space that was comfortable, where we could make tea and engage in easy small talk about where people had travelled from proved to be a positive, informal space in which it felt natural to talk at length about people's lives.

Once again, I took the safety precautions in these situations as I had done when travelling to participants' homes: letting someone know when participants would be visiting, and arranging a check-in phone call.

Finally, one participant, Alex, asked to be interviewed at the University campus, where she lived in halls and I was based as a PhD student. After discussing the possibilities, we agreed to use the office of one of my colleagues. Whilst this was not 'my' space – I did not have a private office on campus – this interview location proved to be less conducive to a relaxed, easy interview. I asked more questions than in previous interviews, and Alex and I settled quickly into a more traditional sociological interview format, in which I asked questions and Alex answered. Whilst this may have nothing to do with the interview space – the narrative interview method does not work for everyone, as discussed above in 'Life story interviewing,' p. 67 – it was not lost on me that Alex was a University student being interviewed in a member of staff's office, and that we may have both slipped into the respective roles this suggests.

Despite this, my experience of interviewing participants at home (theirs and mine) was largely positive. Whilst this practice may not be suitable for all interview studies, it is appropriate and useful for life story interviews, particularly for those that deal with

'sensitive' issues like abortion. Many participants invited me into their private lives, both metaphorically and literally, by telling me their stories in their own spaces, and, in the spirit of feminist research (Oakley, 1981), I was happy to reciprocate by inviting them into my own in this way.

Analysis

From the beginning of this research project, I was interested in narrative. In inviting participants to tell their life stories, I was interested not only in the content of their stories but the ways in which they chose to tell them. As a result, my analysis was informed by narrative research, an interdisciplinary field that takes as its basis the idea that human beings make meaning through telling stories (Byrne, 2003; Josselson, 2011). Elliot Mishler describes narrative analysis as a 'problem-centred area of inquiry' (1995); in other words, it is not a specific methodology but a range of related approaches which depend on what narrative 'problem' the researcher is addressing. In this case, the 'problems' I sought to address were, first, how the women in this study made meaning about their abortions, and second, how class (and gender) were being constructed through these narratives.

In order to address both issues, my analysis was informed by a narrative form of discourse analysis. Howarth describes the aims of discourse analysis as being to 'describe, understand, interpret and evaluate the constructed objects of investigation,' and to examine the historical and political construction of these objects (2000, p.139). In this sense, discourse analysis offered a useful way to address my second 'problem' of how class and gender were constructed through my participants' narratives, within the socio-historical context of neoliberal England. What distinguishes *narrative* discourse analysis from other forms is, Ruthellen Jossleson argues, its interest in exploring 'the whole account' and considering 'how the parts are integrated to create a whole' (2011, p.225); this approach offered a useful way to address the first 'problem' of how the women made meaning about their abortions through narrative.

My data analysis was therefore framed by this narrative sensibility, attuned to the creation of meaning through narrative interplay between the part and the whole. In giving an account of my analytical process, I wish to present less a chronological progression than a process of *layering*. The stages of my analysis were often

overlapping and iterative, and took place from the beginning of data collection and continued during the 'writing up' process.

The first layer of analysis was aimed at gaining an 'intimate familiarity' (Plummer, 2001) with individual life stories, analysing them in isolation initially. From the beginning of data collection, I transcribed interviews as soon as possible and imported transcripts into NVivo. I found it helpful to begin a process of 'open coding' the data, inductively identifying themes and categories arising from the data without any overarching theoretical constructs to guide this process. In particular, I looked for what the narrator indicated were the 'organising principles' (Plummer, 2001) of their story, and the elements they identified as most significant. In my follow-up interviews with participants, I was able to ask questions arising from this inductive analysis and gauge their agreement with my interpretations.

After conducting and transcribing follow-up interviews, I began to integrate my analyses of individual stories, looking across narratives as well as within them. The concept of 'coding' data in this way has been criticised by Elizabeth St. Pierre and Alecia Jackson as a 'fetish' which qualitative researchers often mistake for analysis itself, when in fact, they argue, analysis begins *after* coding (Pierre and Jackson, 2014, p.715). Whilst I disagree with St. Pierre and Jackson's framing of this process as *not* analysis, it is the case that this step of inductively coding was more a foundation for the following narrative analysis than an end in itself. The purpose of coding in this way with the help of NVivo was useful for three reasons: as an initial 'sweep' of the data; as a way of becoming highly familiar with each individual's narrative before comparing across life stories; and as an organising tool to easily access data across interviews which related to a particular theme or concept.

This process of coding resulted in a coding 'tree' (Appendix H) with three main categories: data relating to the *experience* of having an abortion and the *decision-making process* involved, data relating to *class*, and data relating to *narrative*. The final category focused on the form as well as the content of the data, highlighting moments I wanted to analyse in more depth. For example, in analysing how the gendered and classed 'self' was constructed, I looked for moments which demonstrated the multivocal and dialogic nature of the life narrative, and the multiple subject positions occupied throughout (Chase, 2005; Josselson, 2011). These moments were often contradictory,

and exposed the processes by which these selves were constructed. I also looked for moments which were marked by omission and the unsayable, viewing these moments not as the lack of or the limit of discourse, but as 'an element that functions alongside the things said' (Foucault, 1978, p.27).

Alongside this process, I also 'transposed' data into other forms in order to aid understanding and analysis. This included creating diagrams, visual aids and an analysis grid (Appendices I and J). This process helped to layer the analysis by bridging the 'particular' to 'wider concerns' (Plummer, 2001); in other words, finding links not only within the data but also bringing them into interaction with wider discourses and theoretical ideas. This process of transposition also helped me to keep in mind the 'whole' of the life story as well as the particular elements my analysis had focused on, for example through summarising each participants' 'class story' in an analysis grid (Appendix I) and referring back to it as I analysed particular moments within each participant's narrative. This practice in narrative analysis of movement between the particular and the whole in order to illuminate understanding of both is indebted to the school of hermeneutics, in particular the concept of the 'hermeneutic circle' in which 'an understanding of the whole illuminates the parts, which in turn create the whole' (Josselson, 2011, p.226).

Through these layered practices, certain concepts emerged around which my analysis was beginning to coalesce, including 'choice,' 'the self' and 'the body' (Appendix J). The final layer that further refined my analysis was the process of writing. Rather than separating the process of analysis from the practice of 'writing up' findings, I approached writing as a 'rich and analytic process' (Rapley, 2011, p.286) through which understanding and analysis of data continues. I therefore conceptualised this layer of analysis as one of theorising, using Plummer's definition of the concept as 'bridging the particular or specific….to wider concerns' (2001, p.163), and of entering a 'conversation with wider theoretical literature' in order to refine analysis (Josselson, 2011, p.228). It was during this late stage of analysis that the three structuring concepts around which my analysis could be organised became clear. These three concepts – precarity, responsibility, and stigma – are therefore the titles of the following analysis chapters.

This process of multi-layered, narrative analysis enabled a form of knowledge production that in many ways reflected my participants' acts of narration. The telling of a life story is a temporally located ordering of experience that is rarely entirely linear, and involves lateral connections, a constant movement between the particular and the whole, and an element of dialogue between narrator and listener. In a similar way, this process of narrative analysis enabled an attention to the 'bifocality' of the particular and the whole (Weis and Fine, 2012), and the creation of meaning about abortion, class and gender as a social production.

Ethics

From the beginning of this project, I understood that it would be considered 'high risk' by institutional review boards. Abortion is, of course, a sensitive and potentially distressing topic, and a large part of my research design has been considering the wellbeing of my participants and how best to elicit their narratives in a sensitive manner. However, the ethical review process – which included a full review from three different research and ethics committees – highlighted some of the problems with conceptualising abortion research as always high-risk.

This section begins by locating abortion research within contemporary political discourse, in particular the ways in which socio-political understandings of abortion shape the way participants in this kind of research are perceived as vulnerable. It then moves on to the institutional review process, arguing that by conceptualising 'sensitivity' in a particular way, it reinforces the problematic view that 'every abortion is a tragedy'. In response, Judith Butler's reconceptualisation of vulnerability as resistance (2014) is mobilised in order to reflect that participants in this project are as much agentic as they are vulnerable. It finishes with the practical ethical issues that arose during the course of the research and how they were managed, namely, sensitive interviewing, remuneration of participants, and confidentiality and anonymity. Ultimately, it is argued that operationalising concepts like 'sensitivity' and 'vulnerability' is inherently political in abortion research, and Butler's framework allows us to do so in a critical way.

Abortion as 'always a tragedy'

One of the most important questions I was asked to consider when designing this project was how to respond to a participant who becomes distressed, or who discloses something sensitive. Of course, this is a question that applies to any researcher doing qualitative interviewing; even interviews on the most mundane or 'safe' topics can potentially elicit unexpected reactions from participants. Guillemin and Gillam call these 'ethically important moments' – 'the difficult, often subtle, and usually unpredictable situations that arise in the practice of doing research' (2004, p.262). In other words, qualitative research with human beings always has the potential to lead the researcher into unexpected territory.

Despite this, qualitative researchers are expected to outline as far as possible the potential risks of their research. Whilst in some respects this was a straightforward process for this project – and I go into detail about how the specific 'risks' of this project were managed below – the ethical review process necessitated conceptualising abortion in a certain way. In this section, I discuss the problematics of framing abortion as a distressing or high-risk subject and how this maps on to political discourse about abortion.

The framing of abortion as a high-risk topic is partly, a recognition of the complex and varied experiences women have of ending pregnancies. However, it is also influenced by its political and cultural understanding. Institutional review processes tend to conceptualise 'sensitivity' on the level of the individual – might this topic have negative consequences for the participant or researcher? – but another aspect of research deemed sensitive is its relationship with the cultural and political context in which it is conducted (Lee and Renzetti, 1990). The context of this research has been examined in depth in Chapter One, but there is one particular element I wish to engage with here: the common understanding that abortion is 'always a tragedy' (Abbott, 2012)

Political understandings of abortion in the West are often positioned within the binary poles of 'pro-life' and 'pro-choice'. Whilst it is not clear that many people necessarily identify with these labels (Planned Parenthood, 2017) both positions (and much of the vast landscape between those two poles) are invested somewhat in the idea that abortion is 'always a tragedy' (Abbott, 2012). Pro-life campaigners have an obvious stake in this claim; they have propagated the idea of post-abortion trauma as an inevitable

consequence of ending a pregnancy, and despite this being roundly disproven by research (Rocca et al., 2015), this idea is strongly rooted in the public imagination. Analyses of TV and film representations of abortion reveals that it is often portrayed as a torturous decision, with negative consequences for the characters (Sisson and Kimport, 2014). This does not reflect reality; a recent US study, for example, has found that that 'claims that many women experience abortion decision regret are likely unfounded': 95% of women believe they made the right decision to abort three years after the experience, and that both positive and negative emotions tended to subside in the same time period (Rocca et al. 2015).

As a way of reconciling the vast middle-ground between pro-choice and pro-life – and in an attempt to acknowledge the complexity of the emotions involved in abortion experiences – pro-choice rhetoric sometimes engages with the 'every abortion is a tragedy' trope. An example of this being employed is during a Parliamentary debate, in which Labour MP Diane Abbott responds to a motion to lower the legal time limit on abortion:

> We have heard the concerns about high levels of abortions and repeat abortions. Let me say from the Opposition side of the Chamber that we all share those concerns. *Every abortion is a tragedy*. I think that we would all in this Chamber want levels of abortions to come down, but we do not fairly bring down levels of abortions by restricting women's right to choose (Abbott, 2012, my emphasis).

It is possible to see abortion as unpleasant or undesirable whilst supporting the choice to have one. However, rhetorically associating abortion with tragedy potentially adds to the stigmatisation of those who have them. It leaves little room for those with neutral or even positive experiences of ending pregnancies. On one hand, treating abortion as a high-risk ethical subject reflects the complex and sometimes distressing emotions it can involve. However, it also reinforces the cultural consensus that abortion is *always* distressing. In reality, most people do not feel deeply distressed by their experience, but express both negative and positive emotions that subside over time (Rocca et al 2015). This should inform the way abortion researchers approach their ethical responsibilities, both towards individual participants and towards their potential to reinforcing certain political discourses. The institutional review process makes it difficult, however, to do this in a nuanced way.

Institutional ethics

As well as approval from the University of Sussex's cross-school arts and social science committee (Appendix K), this study required approval from the abortion provider the British Pregnancy Advisory Service (bpas) (Appendix L), and the NHS (Appendix M). Permission from bpas alone to advertise the study in clinics was not sufficient; most people who have abortions through bpas are NHS patients, and therefore a full review by an NHS REC was required.

Seeking ethical approval for a piece of qualitative research through a process designed for the review of medical research like clinical trials was difficult. As Hoeyer et al. (2005) have noted, medical ethics focuses largely on 'protection of the individual through preservation of autonomy,' via focus on issues like informed consent, whereas social scientists also attend to political implications of their work. Bio-medical ethics locates the 'sensitivity' of research within the interpersonal relationship between researcher and participant, rather than between the research and its socio-political context. As a result, the NHS review forced a framing of this study's participants as vulnerable and at risk of distress in a way that left little room for nuance. It led me to over-emphasise the status of my participants as moral *objects*, towards which I had responsibilities, and de-emphasised their status as moral *subjects*, with their own agency, agendas, and responsibilities (Carnevale et al., 2015).

Tension of this type between social science researchers' aims and the aims of institutional review boards has been explored particularly within literature on community-based participatory research (CBPR). CBPR throws this tension into stark relief because it subverts many of the tenets of more traditional methods, for example, in its emphasis on collaboration and partnership with participants. It has been argued in the context of CBPR that academia protects institutional power at the expense of community empowerment (Malone et al., 2006). A similar issue arises in explicitly political, qualitative interview research when faced with an institutional review process that assumes, for example, a clear distinction between researcher and researched, and predictability of outcomes and processes.

This was highlighted for me during the NHS REC panel discussion of my application, which I was invited to in order to answer questions and clarification. As Malone et al. (2006) point out, '[s]tudies that fit neatly into the biomedical ethics model are perhaps

more welcome [by institutional review boards] because they do not require so much additional deliberation' (p. 1918). This was certainly on my mind after arriving at the panel, where I was told rather ambiguously that my application had been talked over 'for longer than usual.'

The questions and clarifications the board had revolved heavily around issues of data protection, informed consent, and a protracted discussion about which circumstances might require breaking participants' confidentiality (see 'Anonymisation and confidentiality,' p. 97). I am left in agreement with Malone et al. (2006) that this type of institutional ethical review does not necessarily serve to enable safe research with 'vulnerable' groups. First of all, the review board adhered to the idea of 'sensitivity' as located within the researcher-participant relationship, ignoring the political sensitivity of the project. As a consequence, the conceptualisation of women who have abortions as fragile and in need of protection that arose from the process served, in my mind, to reinforce conservative and anti-feminist discourse around abortion. Women are positioned in these discourses as victims of a traumatic event, and incapable of speaking for themselves about their reproductive choices. As a result, the voices of women who have had abortions are routinely shut down, silenced, and appropriated; there exists virtually no space for women to tell their full, complex narratives without judgment. One aim of this research project was to resist this by carving out some space for these voices that are not usually heard. The ethical review process hindered this effort, rather than helped, by ring-fencing women who have had abortions and suggesting they were vulnerable.

In response, I was prompted to consider how best to balance the idea of vulnerability with the agency of my participants; in order to do this, I now turn to Judith Butler's reconceptualization of vulnerability as resistance.

Reconceptualising vulnerability

The framing of abortion research as always 'high risk' constitutes participants as vulnerable, but Butler (2014) suggests that vulnerability can be reconceptualised as a 'deliberate exposure to power,' a condition that can facilitate resistance. In admitting that she has had an abortion, a woman risks being named and fixed in place; however, in the same moment she is articulating her story, resisting the injunction that she remains silent or adheres to societally approved narratives about what abortion is like.

In this sense, the abortion story can said to be a performative act in that it at once invites naming – as a woman who had an abortion – and at the same time resists and complicates this designation.

Butler argues that conceptualising vulnerability as the opposite of resistance misses the radical potential a 'deliberate exposure to power' has. She also warns against conceptualising vulnerability as an existential state, occupied only by the oppressed. All bodies are vulnerable, in that all bodies are dependent on others and their environment:

> [T]he body is less an entity than a relation, and it cannot be fully dissociated from the infrastructural and environmental conditions of its living (Butler, 2014, p.8).

In this sense, imagining participants in this research as vulnerable *only* and *because* they are women who have had abortions misunderstands the reasons women might have for taking part in this research, and also misunderstands the nature of participants' relationship to me as the researcher. Whilst the potential power the researcher holds in the interview setting cannot be dismissed (and is discussed in 'Feminist interviewing,' p. 87) participants in this study often expressed their agency and their own agendas. For example, Lisa explained that the reason she wanted to take part in my research was that 'it's actually really hard to find abortion resources for people who are fine,' and she hoped to contribute to this normalisation of abortion. Rebecca noted in my interview with her that taking part in research like this is 'quite a nice thing to be able to do,' because:

> People are so quiet about it. That's one of the things I noticed about it, as soon as you say, I had an abortion, hands start popping up. Me too, me too, me too. I love what you're doing because people just don't talk about it.

She also shared with me that 'I find talking about it so therapeutic,' joking that it was 'selfish' to make me travel across the country to listen to her talk about her abortion. In each of these examples, the women I interviewed made it clear that there was a reason they had chosen to take part in the research, and how it benefitted either them or others. They also recognised that by sharing their stories, they were resisting the culture of silence surrounding abortion.

As a result, I approached interviewing participants as a relational exercise, one that required responding to each participant differently. Lisa, reflecting on her experience at a bpas clinic, remarked:

> bpas staff were fine, bpas staff didn't expect me to be sad, or anything, they just, they took where I was and went with it, they didn't treat me like I needed to think more about it or anything like that.

In the same way, I did not go in to interviews expecting participants to be distressed or upset, but responded to cues from each interviewee. However, the experience of seeking institutional ethical approval for the study forced me to flatten and simplify this into a problematic picture of my participants and of abortion as 'always a tragedy.'

Ultimately, the final 'negotiation' between the committee and me resulted in full approval. In my final correspondence with the committee, I argued that some of the suggested amendments were not in line with the ethical framework with which I wished to conduct the study, resisting as much as I felt able to the problematic assumptions the committee had made about the project and my participants. In the next section, I explore these practical issues further, focusing in particular on three: the quasi-therapeutic nature of sensitive interviewing, the act of paying participants for their time, and anonymization and confidentiality.

Feminist interviewing

As a methodology which 'attempts to understand the world from the subject's point of view' (Kvale, 1996), the qualitative interview 'is a construction site of knowledge…an inter change of views between two persons conversing about a theme of mutual interest'. As a qualitative interviewer, I understand my research to be an act of *generating* rather than *collecting* data. This recognises the fact that qualitative interviews are not mining sites from which a researcher can extract data (Kvale, 1996), but are dialogues in which the researcher actively co-constructs meaning with the participant. As Dunne, Pryor and Yates argue:

> The absence of an explicit acknowledgement of the influence of the social in the interview acts to de-socialise and de-politicise research, and reduce the plane of vision to the disembedded individual level (Dunne, Pryor and Yates, 2005, p.31).

This approach to interviewing is inherently feminist, and owes a debt to the work of researchers like Oakley. As discussed in 'Epistemological framework' (p. 60), Oakley critiqued contemporary approaches to the research interview as a 'masculine model of sociology and society' which was symptomatic of the marginalisation of women's experiences in sociology (Oakley, 1981). She used the example of her research with women about their experiences of motherhood, during which she interviewed them

before and after giving birth. Talking about such a recent, intimate experience meant that maintaining the role of stern, detached researcher was unhelpful; instead, Oakley reframed the research interview as a two-way social interaction with personal meaning. It is this methodological approach that stems directly from a feminist epistemology.

There are recent examples of sensitive research that has used feminist interviewing methods based on Oakley's work. For example, a 2010 study empirically tested the efficacy of feminist interviewing in relation to interviewing rape survivors about their experiences (Campbell et al., 2010). It posed two questions: How do participants characterise their experiences of participation and what impact did the study have on them? In addition, did feminist interviewing techniques contribute to positive outcomes for participants? The overwhelming majority of participants reported that they found the interview to be a helpful, supportive, and insightful experience. Additional analyses revealed that the feminist interviewing principles were noticed and appreciated by the participants and contributed to their overall positive participation outcomes. Campbell et al. (2010) defined the tenets of feminist interviewing that they employed in their research in three ways: reducing hierarchy between interviewer and interviewee; providing information and linking survivors to resources; and embracing emotionality by communicating with warmth and respect. Taking their lead, I developed 3 principles to follow during my interviews, inspired by the work of Oakley, Campbell et al. and others:

1. The participant leads the interview as much as possible

This guided the choice of method as well as how to interact with participants within interviews. The unstructured, narrative style of the life history interview offered opportunities for the interviewee to lead the conversation, and ideally, for me to interject as little as possible.

2. The interview is a two-way process

Qualitative interviews are frequently called 'dialogues' (Dunne, Pryor and Yates, 2005). Whilst it is impossible to avoid the fact that research interviews are always shaped to some extent by the researcher's interests (Kvale, 2006), this principle meant explicitly inviting and encouraging participants to ask questions about the research, or to query why they were being asked certain questions. This was an attempt to demystify the

researcher role and re-establish the interview as a dialogue between two subjects rather than the researcher-subject's investigation of the participant-object.

3. Warmth, emotion, and compassion are features, not bugs

The narratives collected for this study ran the gamut of emotion. As well as talking at length about their abortions, people shared intimate details of their lives and histories with me; they made me laugh, they made me feel like crying, and everything in between. The nature of this study meant that strong emotional testimonies were often features of interviews, and should be considered a necessary feature of sensitive interviewing rather than something to avoid. In the same way, displaying appropriate emotional or sympathetic responses as a listener in a research interview is an ethical practice.

Sara Ahmed writes (2004, p.3):

> To be emotional is to have one's judgement affected: it is to be reactive rather than active, dependent rather than autonomous. Feminist philosophers have shown us how the subordination of emotions also works to subordinate the feminine and the body (Spelman 1989; Jaggar 1996). Emotions are associated with women, who are represented as 'closer' to nature, ruled by appetite, and less able to transcend the body through thought, will and judgment.

In other words, emotion is considered antithetical to the principles of rationality and objectivity that guide neopositivist research. However, to remain unemotional and unsympathetic when a participant shares an intimate, upsetting account of their experience would not only be uncompassionate, it would be bad research practice. On many occasions, the women I interviewed described, sometimes in the same breath, the emotional journey of their abortion alongside the logical, rational decision-making process they had to negotiate. Similarly, being a responsive, emotionally expressive researcher (without centring one's own emotions at the expense of the interviewee's) can sit alongside being an effective, rational one.

Role of the researcher: Power

The role of the researcher in a feminist interview, then, is to be a friendly, emotive and compassionate listener who values the participant's voice above their own, whilst recognising their own part in shaping the interview. Embodying this role raises ethical questions, however, particularly for 'sensitive' research. The issue I will focus on here is that of romanticising particular methods or methodologies as inherently

'emancipatory' or empowering for participants. I will first address the dangers of assuming life history or narrative interviewing as a method levels the playing field between the researcher and the interviewee.

The anthropologist Crapanzano in his ethnographic study *Tuhami: Portrait of a Moroccan* (Crapanzo, 1980) explores this issue in-depth through his relationship with Tuhami, the Moroccan man whose life story forms the basis of his study. In his introduction, Crapanzano writes that the life story 'presents the subject from his own perspective,' but immediately problematizes this by noting that the interview 'is an immediate response to a demand posed by an Other and carries within it the expectations of that Other' (p. 8). Crapanzo's text is striking in its refusal to hide the presence of the researcher, challenging the reader to consider 'the anthropologist's impress on the material he collects and his presentation of it' (p. ix) as well as the impact on the subject of research. Crapanzo writes openly about his uneasiness and 'regret' (p. xi) that Tuhami, who is illiterate, is the subject of research he cannot access; the anthropologist is unable to hide the feeling that he is an 'obtrusive presence' in Tuhami's life (p. xi).

In other words, regardless of the choice of method, sociological research always 'carries within it the expectations of [the researcher]' (Crapanzo, 1980, p.8), and any research interview is shaped fundamentally by it. Furthermore, the tenets of qualitative and feminist interviewing, designed to ostensibly shift the power balance between researcher and researched, may also carry elements that serve only the researcher's agenda.

For example, the third interviewing principle I created for myself was 'Warmth, emotion, and compassion are features, not bugs' (see p. 89). Does this principle serve the participant, or the researcher? Oakley encouraged emotive interviewing because she saw the prevailing attitude that researchers should be 'friendly, but not too friendly,' as a symptom of a masculinist ideology (Oakley, 1981). However, it could be argued that using techniques to build rapport and emotional trust is a way of 'faking' a quasi-friendship, designed to 'get some printable information on tape,' as Kvale has argued (Kvale, 2006). In fact, Kvale goes further by warning researchers against enabling quasi-therapeutic encounters using techniques that are like a Trojan horse, slipping past respondents' defence mechanisms into their inner world.

Whilst these concerns are valid, studies like that of Campbell et al. (2010) provide a counter-argument. If the participants in sensitive interviews, which sometimes cross over into therapeutic territory, report that their experience of taking part was not only not distressing but actively helpful and positive, this reminds us that participants have a degree of choice. They can exercise their agency and their own interests to shape the nature of the interview. The assumption that participants in such research will always be at the negative end of a power differential, or that they do not have their own agendas for taking part, is flawed.

The feminist commitment to 'emancipatory' and critical research which empowers the researched and contributes to social change is therefore not guaranteed through choice of method; as Joan Acker, Kate Barry and Joke Esseveld note, 'an emancipatory intent is no guarantee of an emancipatory outcome' (Acker, Barry and Esseveld, 1983, p.431). Indeed, the idea of 'empowering' others through research has been critiqued as paternalistic, carrying assumptions about the relative status of researchers and their ability to 'enlighten' marginalised people through prompting them to engage in 'emancipatory' research (Cornwall, 2003; Lather, 1988; Opie, 1992). In using Butler's theorising of vulnerability as resistance, my ethical framework positioned participants in this research not as women in need of help or emancipation, but as agentic beings negotiating complex systems of power (Butler, 2014).

The abortion interview as therapeutic

There were moments during fieldwork, however, when the women I was interviewing *did* seem to need support. Throughout my interviews, I often reflected on the role of the researcher in sensitive research, and my responsibilities to my participants. I had in mind, for example, Kvale's critique (discussed above) of qualitative researchers using rapport and emotional trust as a 'Trojan horse' to access participants' intimate lives (2006). As I argued above in 'Life story interviewing' (p. 66), I wanted to avoid interviewing methods which seemed invasive, and avoid an interview that 'felt more like therapy, but without a trained therapist to hold the emotions expressed' (Ross and Moore, 2014).

Despite this, there were moments when participants displayed emotional distress, or when I felt I was doing quasi-therapeutic work. I do not believe that a researchers' role is to avoid provoking any sort of negative emotions in a participant when interviewing

on a sensitive subject. To attempt to do so would produce potentially shallow data (if the researcher were avoiding asking much about the topic in question). It also does a disservice to the participant, who has volunteered to share with the researcher their potentially complex and emotional testimony. If I had responded to any participant who had become emotional during an interview with an attempt to change the subject or avoid acknowledging their valid emotion response, this would have produced an uncomfortable experience for both of us.

As McIntosh and Morse (2009) argue, 'emotional distress is a richly-textured, poly-valent emotion that defies simple assignment of negativity and harm' (p. 81). Sadness, confusion or anger are as valid and natural a response to a life event like abortion as relief, happiness or calmness. In light of this, I did not see my role extending so far as to ensure no participant felt upset at any point in the interview process; rather, my responsibility was to ensure that participants could narrate their emotional reaction to their experience in a safe, supportive environment.

However, the research interview can be experienced by the interviewee as more than simply a safe, supportive environment: as a therapeutic encounter. Work on abortion stigma notes that non-disclosure and secrecy characterise many women's abortion experiences (Beynon-Jones, 2017; Cockrill and Nack, 2013; Major and Gramzow, 1999), and as a result, women are often deprived of social and psychological support that they might need. Opportunities to disclose to 'someone who understands' can be scarce, and take on great importance (Cockrill and Nack, 2013, p.984). Thus, I argue that an ethical abortion interview does not try to avoid any therapeutic work, but should seek to provide an appropriate, supportive framework with signposting to other services if needed. I articulate this ethical framework with an example of a moment in the research where I felt I was doing 'therapeutic work,' and the reflections it prompted about my role.

During one of my interviews with Lucy, who was telling me the story of how she became pregnant before her most recent abortion, it quickly became clear to me that I was unexpectedly receiving a disclosure of rape. However, in Lucy's telling of the story, the word 'rape,' or anything close to it, was absent; she described a male colleague taking her home, which she does not remember, waking up the next morning,

receiving an assurance from her colleague that 'nothing happened,' before later finding out she was pregnant.

During Lucy's story, I was suddenly very conscious about how I should respond. The manner in which she told the story indicated she felt uncomfortable and embarrassed; when I first asked her about her abortion, she said, through nervous laughter that she had got herself 'into a sticky situation,' and after starting to tell the story she hesitated:

> Lucy It was at (laughs) oh, I feel like I'm the worst person. It was at the clinic the other day (laughs) oh god, I got myself into a sticky situation (laughs)
>
> Gill Oh OK, tell me about that then?
>
> Lucy I don't want to! (Laughs) Oh, no
>
> Gill You don't have to if you (overlapping speech) don't want to
>
> Lucy (Overlapping speech) Well, it's fine. No, no, no, it's fine. So (sighs). Somehow…

She went on to tell me the story, which culminated with her colleague taking her home after a night out:

> And he said then I passed out on the sofa and he carried me to bed. And obviously something else happened, but he's not mentioned this to me. But that's the only time it's possible [that she could have gotten pregnant]. It makes me cringe, it's just really creepy, so.
>
> I was still in a position where I could barely take care of myself, I was just beginning to change things so that I could start becoming more stable consistently. I have moments of feeling like I've got my shit together, and then I just throw it out the window (laughs). And so, I was like, no, no, this is definitely not happening. So yes, I rang [the abortion clinic], and, yes I think it was the first time I went they gave me your little thing…

The moment of disclosure was brief, and flew by before I registered what Lucy had just told me. By the time I had processed her disclosure, she had moved on to another topic, and it was several minutes before a break in her story.

I chose not to circle back to her disclosure throughout the rest of the interview. However, leading up to our second interview, I thought carefully about how best to address it (or indeed whether to). On reflection, I decided that it was ethically important that I drew attention to it and carefully asked her more, for two reasons. The first was that the way she told the story in our first interview made it clear that she blamed herself

for having been drunk and not remembering what happened between her and her colleague. I felt it was important to offer an alternative reading of this that questioned the assumption that she was to blame. The second reason I felt it was important to address is that I wanted to be sure how she felt about it, and whether she had talked about it to others; in short, if she needed any more support, which I could not provide but could signpost her towards professional services which could.

In revisiting the disclosure in our second interview, Lucy and I had what I would describe as a 'therapeutic encounter.' Maxine Birch and Tina Miller define the term 'therapeutic' as 'a process by which an individual reflects on, and comes to understand previous experiences in different—sometimes more positive—ways that promote a changed sense of self,' noting that qualitative interviews often involve processes similar to those employed by professionals in therapeutic work (Birch and Miller, 2000, p.190). This includes 'creating a space in which individuals can reflect on, reorder and give new meanings to past, difficult experiences' (p. 190).

In order to create this space, in our second interview I begin to offer my interpretation of what happened, but before I finished, Lucy jumped in:

> Gill I was thinking particularly about the circumstances around you getting pregnant the second time. Cause I read over that bit quite a few times, because it's quite a, well, I don't know if you feel this way about it, but it's quite a difficult story, really. Because I feel like you talked a lot about how you got yourself into this situation, you know, you were drunk, or you went home with this person, or whatever. But it really seemed to me in terms of who's at fault in that situation, your co-worker (overlapping speech) really was more so than you.
>
> Lucy (Overlapping speech) (Makes a kind of squeaking, awkward noise). To be fair, it's so awkward to talk about. My best friend in the world, I didn't tell her what had happened cause I didn't want her to be like, what have you done, again? But she rang me the day after and said she'd had a miscarriage. And she said, I feel like you're going through the same thing. Like, she had a sense. So I ended up telling her the whole thing. She was like, mate, that's really rapey. That's really creepy. And I was like, yeah, I guess, it is. She said, it's weird and kind of not OK. I was like, fair enough, you've got a point.
>
> […] in hindsight, after speaking to my best friend I was like, OK. She's got a point. But I suppose by acknowledging that, I could then become angry. And I don't want that, I don't like being angry and blameful. So I try not to think about it too much, does that make sense?

> […] It annoys me cause I'm like, can I not have a normal sexual experience? Does it always have to be really weird or attacky? (Laughs). I like to think that if I take responsibility, I haven't had such a bad experience again, I can make it just silly. Maybe make it less serious. Because it's happened a few times before, and I'm sick of it (laughs) sick of it. I need to work on being assertive maybe (laughs).

Gill Well, yeah that's a good habit to develop, but it just struck me this sense that you feel like even if that situation was weird and creepy and not nice to think about, you want to take as much control as you can?

Lucy Ah! Very good. That is what I'm doing, trying to control it. […] This time I wanted to be, like. Yeah you're right. That makes me feel a bit better (laughs).

This exchange was useful for both of us. On my part, it confirmed that Lucy did acknowledge that what her colleague had done was not entirely her own fault, and that she had talked to other people about it, including her best friend and her mum. On Lucy's part, this portion of the interview was a process of working through something difficult, and linking different moments in her life story in ways that enabled a new way of understanding. This is, at its heart, the very definition of a therapeutic encounter (Birch and Miller, 2000).

Other researchers may have acted differently in this situation. For example, one could argue that I had a responsibility to use the word 'rape' to describe what happened to Lucy, and to more explicitly ask about whether she felt she needed support from outside sources. However, I feel comfortable that Lucy left this research encounter having had an opportunity to think through something difficult in an environment that did not attempt to impose another person's understanding of what happened to her (that this was rape, and that therefore she needed support), and with carefully signposted professional services that were available to her if she felt she did need them (in the form of the resource sheet I gave to every participant – see Appendix H).

I believe that the ethical responsibility in sensitive, intimate research, therefore, is to acknowledge how far one can offer a therapeutic encounter, and take seriously the weight and importance of the intimate, emotional moments that occur during sensitive interviewing – not avoid to avoid therapeutic moments entirely. There were many moments, in discussing their abortions as well as other aspects of their life stories, when participants in this research talked through something difficult with me, or told me their

interview had helped them see something in a new way. These moments are valuable to both researcher and interviewee, and, if guided with an appropriate ethical sensibility, can result in positive experiences for both parties.

'Giving back': paying participants

Another ethical issue I considered during the course of the research was the principle of 'giving back' to my research participants. In total, each participant spent at least three or four hours with me (sometimes longer), sharing intimate details of their lives and inviting me into their homes. On both an abstract and practical level, remunerating participants seemed important. The feminist roots of my research meant the act of 'giving back' to participants was built into the research design (Oakley, 1981), and this was a particularly concrete means of doing so. It was also an acknowledgement that it may be difficult for many people to afford the time to talk to me. Head (2009) argues in her paper on the ethics of paying participants that by offering to remunerate the single mothers who took part in her research, she was acknowledging the value of a busy, financially strained parent taking hours out of their day to talk to her. Payment was therefore also an effort to increase the accessibility of my time-consuming study to people who might have wished to take part but risked incurring financial or other types of penalties by taking time out to talk to a researcher.

In all advertising material for the study, it was made clear that participants would be given £30 (4 hours at the national living wage of £7.85 an hour, Living Wage Foundation, 2017). As Head (2009) suggests, in order to minimise any impression that payment was contingent on a certain amount of interview time or amount of questions, participants were given their payment at the beginning of the interview, along with the information sheet, consent form, and debrief sheet (Appendices E, F and G). As a result, and considering the amount of payment offered was not disproportionately high, I did not feel the standard of consent was lowered by offering participants remuneration.

Anonymisation and confidentiality

The stigma surrounding abortion means that anonymization and confidentiality were particular concerns for this research project. Most participants had only told a select number of people about their abortions, and many had concerns about family members or friends finding out that they had had a termination.

All participants were given a pseudonym, and a number of measures ensured that unanonymised data was protected. Audio of interviews was recorded on a Dictaphone, and at the earliest opportunity was uploaded to an encrypted computer file. The recordings were then deleted from the Dictaphone. The only places this unanonymised data was stored was on the University of Sussex's networked N: drive (a secure drive, backed up regularly), and on an encrypted external hard drive. The encryption software Veracrypt was used to set up encryption. I was the only person to access these audio recordings in order to transcribe them; transcriptions were anonymised through removal of identifying information.

The act of seeking consent posed some issues. Presenting participants with an information sheet and consent form, which went into some detail about what participants were agreeing to, had a distinct cooling effect on our interactions before the interviews started. Although I sent each participant both documents in advance to look through at their leisure, the highly formal action of producing a piece of paper to sign when we met face-to-face usually interrupted small talk that I was hoping would establish rapport and warmth. In particular, because the NHS REC were particularly concerned about which circumstances obligated me to consider breaking confidentiality, there was a section in the information sheet about breaking confidentiality:

> Your confidentiality will not be broken (i.e. nothing of what you say in interviews will be repeated anywhere else) except under the following circumstances:
>
> - The researcher believes someone is in immediate danger of harm which could be prevented by breaking confidentiality
> - Disclosure of current child abuse, which researchers are obliged to report
> - If Police request a statement from the researcher about illegal activity which is being investigated in relation to the participant
>
> In line with ethical practice, the researcher would endeavour to talk to you first before breaking confidentiality, and will avoid the need to break confidentiality as far as possible.

In addition, in the consent form:

> I understand that any information I provide is confidential, and that no information I disclose will lead to the identification of any individual in the reports on the project, either by the researcher or by any other party. I understand that the only reason confidentiality would be broken is if the researcher believes a vulnerable person is in danger of harm, and that that the

> researcher has no obligation to report illegal activity (but that such information may subsequently be required by Police).

I was anxious about this. My anxiety was that informing participants in such detail might put them off; I doubted many of them had worried about under what circumstances I might have to co-operate with the Police, and it might be unnecessarily emphasising the seriousness and risks of taking part in the study. However, no participants seemed perturbed by this clause or needed to ask any more questions about it.

Overall, in recognising the sensitive nature of this research project and its potential risks for participants, I was prompted to carefully consider my responsibilities towards the people who generously shared with me highly intimate life narratives. The feminist framework of this study enabled this. However, the lengthy process of seeking institutional ethical approval, particularly from the NHS, was problematic in its inability to recognise that 'sensitivity' in research is not only located in the relationship between researcher and participant, but also between research and its socio-political context.

I have argued here that abortion researchers, and indeed any researchers interested in 'sensitive' topics, can mobilise Butler's reconceptualization of vulnerability as a framework which allows a more realistic and nuanced approach to participants. As a social researcher, the consequences of suggesting that women who have abortions should be expected to be emotionally distressed sits uneasily with me, and this framework remained at the forefront of my mind both when interviewing and when analysing this project's data. Butler's framework allows a recognition of participants' vulnerability whilst also recognising that this does not entirely define them. Reconceptualising vulnerability in this way therefore enables research with hard-to-reach or hidden groups who might be denied a voice not only in wider society, but also in research by lengthy institutional review processes.

Conclusion

In this chapter, I have outlined the development of the design of this study, from its theoretical and epistemological framing, to the minutiae of 'practical' matters of method and ethics. Ultimately, this study takes the life story as an opportunity not to simply access the lived reality of women who have abortions, but also as an opportunity to deconstruct the ways in which the gendered and classed self is produced through them.

In doing so, I have articulated an ethical framework which is conscious of the abortion interview as a potential 'therapeutic encounter,' and which uses Butler's radical reimagining of vulnerability as resistance to conceptualise participants in sensitive research as agentic. What follows is an analysis of the narratives produced in these research encounters.

Chapter Four: Precarity

In the next three chapters, I provide a narrative discourse analysis of the life story data collected during this study. The three chapters reflect the three concepts around which the narratives of the women who took part coalesced: precarity, responsibility, and stigma. This chapter explores the first concept, precarity: how it was constructed, contested, and problematized through the life narratives my participants[3] told. Whilst few of the participants in this study used the term 'precarity' to describe their experiences, many of them talked about material and subjective feelings of uncertainty and insecurity. I have chosen to mobilise the term precarity in my analysis as it describes a 'lived experience of ambient insecurity' under the conditions of neoliberalism (Horning, 2012), a phenomenon I have interpreted their accounts as expressing.

Through this analytic lens, I examine here the ways in which the women in this study experienced different forms of precarity: as a material condition, a subjective experience, and a discursive resource. The process of requesting an abortion extends an unspoken demand to women to perform precarity in particular ways, which women in different social locations may acquiesce to or resist. Engaging with discourses of precarity is useful for some women as a way to 'legitimise' their abortion story through acts of distinction, which position certain abortions as justifiable, and others as morally suspect. For other women, however, there is more risk in associating themselves with precarity. For women whose social position means they are judged to have a lack of ability and resources to care for a child if they wanted to, they have less freedom to identify as 'precarious'; instead, they are already classified as such, and are 'fixed in place' by the moral values associated with this (Skeggs, 2004).

This chapter therefore uncovers precarity as a discourse that participants used or resisted in narrating their abortion experiences. In mobilising the term 'discourse' here I am drawing upon Foucault's understanding of discourse as systems of thought, signs and meanings which construct objects of knowledge (in this case, precarity) (Foucault, 1989) , but also upon Skeggs' theorisation of culture and discourse as resources (Skeggs, 2005). My analysis also draws attention to two related but not identical dimensions of precarity: material conditions and subjective experience. Even women

[3] Biographical sketches of each participant can be found in Appendix A.

who enjoyed relatively secure material conditions, such as home ownership and stable employment, expressed uncertainty and insecurity about their lives and their abortion decisions. I interpret this as an increasing feeling of precarity amongst middle-class women in comparison to previous generations, produced by the atmosphere of 'crisis management' and austerity in the UK following the global financial crash and expectations on them to perform particular neoliberal subjectivities (Francombe-Webb and Silk, 2016; Tyler, 2013). I argue that middle-class women experience a sense of risk about reproductive decisions, which, if the 'wrong' choice is made, threatens to position them as failed neoliberal subjects. I argue overall that this sheds light on the implicit assumptions and demands inherent in the process of obtaining an abortion, and the ways in which one's social position affects which discourses can be drawn upon to name one's experience. Through the work of Beverley Skeggs on classed systems of 'symbolic exchange' (2004), I offer a theorisation of the ways in which women with various relationships to 'middle-classness' manage the risks associated with making reproductive decisions in an era of intensified responsibilisation and surveillance (Foucault, 2008).

Dimensions of precarity

The concept of precarity has several dimensions and uses. In this chapter, I conceptualise precarity in three ways, all of which were evident in my data. The first dimension is precarity as a description of material and labour conditions characterised by casual and insecure employment (Horning, 2012; Neilson and Rossiter, 2008). The second is a subjective experience of insecurity and uncertainty produced by contemporary neoliberal conditions, not only related to work but to broader aspects of life (Ettlinger, 2007; Worth, 2016). The final use of precarity in this chapter is as a discourse that was used and resisted in various ways by my participants in relation to their abortion experiences. In this section, I elaborate on these three dimensions of precarity.

Precarity as a material condition

Precarity emerged in 2003 as a concept and an 'organising platform' for a series of social struggles in Europe which focused on the casualization of labour and under- and unemployment (Neilson and Rossiter, 2008; Worth, 2016). These changes in the labour market have been linked to the conditions of neoliberalism, which include the state's

offloading of responsibility for its citizens' well-being, and corporations' shifting of economic risk to workers through lack of benefits, pensions, and security (Horning, 2012). In others words, 'precarity' expresses the effects of individuals bearing the burden of wider economic forces like recession and austerity.

Opposition to these processes and the poverty and insecurity associated with them for workers formed the basis of a number of social and labour movements in the early 2000s, and the concept of precarity which linked them was used to imagine a 'new kind of political subject' who had their own forms of organising and modes of expression (Neilson and Rossiter, 2008, p.52). In 2011, Guy Standing argued that conditions of precarity constituted a new class formation, the Precariat, a group that globalisation and neoliberal policy had created who were under-employed, insecure, and whose political mobilisation by the left was essential to avoid their dangerous drift to the extreme right (Standing, 2011). The Great British Class Survey project named the Precariat as one of the seven new formations of class, characterised by low economic, cultural and social capital (Savage et al., 2013).

In response to this, there has been some debate as to whether the concept of 'precarity' is simply a description of a phenomenon most workers experience under capitalism, rather than a new concept produced by the conditions of neoliberalism, or indeed a new class formation (Di Bernardo, 2016). Critiques have in particular cast doubt on the political usefulness of interpellating a class which includes people as diverse as self-employed creative freelancers and undocumented migrant workers; as Horning argues, this risks shifting political focus to 'first world problems' and blunts the term's critical edge (Horning, 2012). Whether or not one accepts 'precarity' as a theoretically sound tool, it has nevertheless shaped discussions of conditions under neoliberalism and globalisation, and has been adopted by a range of groups. Additionally, it is not only the material and economic aspects of precarity that have received analytical attention, but also the broader, subjective experiences of precarity which individuals in a variety of material and labour conditions might experience.

Precarity as a subjective experience

This dimension of precarity as a subjective experience has been described as an 'existential' and 'ontological' experience (Butler, 2009; Neilson and Rossiter, 2008), a 'lived experience of ambient insecurity' (Horning, 2012) and 'a condition of

vulnerability relative to contingency and the inability to predict' (Ettlinger, 2007, p.320). Precarity is thus conceived in this literature as both a material condition and a subjective experience. Furthermore, the relation between these two dimensions may not be direct. Nancy Ettlinger has argued that precarity 'spares no one, haunting even privileged persons' in an age where phenomena as diverse as terrorism, domestic violence, repressive surveillance and environmental disasters produce ambient fear (2007, p.322). The effects of this are explored in Nancy Worth's research with millennial women workers in Canada, many of whom felt a sense of insecurity even when in permanent, stable employment, picking up on a 'zeitgeist' of millennial precarity (2016, p.609). Thus the affective dimensions of precarity can 'supersede the rational' (Worth, 2016, p.602). I mobilise this second dimension of precarity to understand how even women in this study with relatively high amounts of security and privilege in some areas of their lives described their lives in terms of insecurity, uncertainty, and risk.

Precarity as a discourse

Skeggs argues that 'ways of telling and knowing are limited resources' (2005, p.973). The 'imperative to produce oneself' and display one's subjectivity depends on access to discursive and symbolic resources, and the knowledge of how to 'display one's subjectivity properly' using these resources (p. 973). In this sense, as well as talking about both their material precarity and their feelings of precariousness, my participants engaged with what I have interpreted as the discourse of precarity in order to make meaning out of their experiences, and also in their representations of their abortion decisions to the medical staff who act as gatekeepers to abortion.

In the face of ambient insecurity and uncertainty in everyday life, Ettlinger argues (2007, p.325):

> The everydayness of precarity holds clues as to how people routinely, if implicitly, develop strategies that permit feelings of certainty amid uncertainty. People grope for the surety to navigate social, political, economic, and cultural life through everyday discursive and material practices.

This chapter focuses on the discursive practices used by the women in this study to negotiate their feelings of precarity and risk in relation to both their abortions and their wider lives. The act of requesting an abortion, as will become apparent in the following analysis, requires on one hand a performance of certainty, and on the other, a

performance of precarity. Medical staff are tasked with looking out for signs that an abortion seeker is unsure or may be being coerced into ending their pregnancy, and women have described in my own and previous research their strategies of presenting their abortion decisions in as certain terms as possible (Beynon-Jones, 2017). However, the process of obtaining an abortion also invites some performance of *precarity* in ways that render abortion requests understandable and less likely to be challenged by medical staff or friends and family (Beynon-Jones, 2013; Lattimer, 2001). Thus, the discourse of precarity can be used to communicate certain and 'understandable' abortion requests. This use of precarity as a discursive resource, however, is more possible for some women than others, as the following analysis argues.

This chapter, therefore, focuses on how women who have had abortions talk about precarity, which emerges from the data as a material condition, a subjective experience, and a discourse. The women in this study talk about their economic, labour and housing conditions affecting their decisions to end pregnancies – in other words, their relation to economic precarity – but they also express anxiety about their relation to femininity, middle-classness, and respectability. If precarity is partly about individuals managing risk and the demand to be effective neoliberal citizens, then it is a useful tool for understanding the experiences of these women.

Experiences of precarity

In listening to the stories of the women interviewed for this study and analysing the data they produced, certain themes emerged almost immediately. Many women described their desire to have children, and their feeling that the timing of the pregnancies they had ended were wrong. In explaining their decision, their hopes for the future included descriptions of what the 'right' or 'ideal' conditions would be for them to have children. These ideal conditions were often described using the language of stability and security and were contrasted with the women's current lives, for example Alex's hope that she would have children 'when I'm married and have a job' rather than a poor student, or Heidi's wish that in future she would be in 'a good financial situation' and would 'actually have time to raise a child' rather than struggling to make ends meet in jobs that she does not enjoy.

Most of the women who described their lives in this way were of the generation born between 1980 and 1995, commonly referred to as millennials (Worth, 2016). This

generation are particularly associated with the concept of precarity in the UK and the rest of Western Europe, as they have grown up and entered a labour market characterised by casualisation and under- and unemployment (Worth, 2016). This chapter therefore focuses mainly on the narratives of the younger women who took part. The felt precarity of these young women, many of whom are part of a traditionally middle-class group in terms of their economic, social and cultural capitals (Bourdieu, 1984), reflects the subjectification of responsibility in neoliberal times (Foucault, 1988).

'It was austerity'

At the end of every interview, I asked participants explicitly about whether austerity had affected their lives and their reproductive decision-making, but it was a topic that emerged organically from several women's conversations with me without my prompting. For example, Violet voiced her frustration with what she saw as an 'ideological' programme of austerity that scapegoated the poor and benefits claimants, and removed the 'safety nets' that the government used to provide. She described living with a constant feeling of precarity, as she worked in a place where 'they could easily lay me off,' and if she lost her job 'I'd be really struggling. I don't have any savings whatsoever, and there's no way this government would help me at all.'

Similarly, Rebecca described the frustration and sadness she felt that austerity had curtailed her desire to have children. A 26 year-old PhD student, she had had two unplanned pregnancies in her early twenties, both of which she chose to terminate. She described finding the first abortion when she was 23 hard, for a variety of reasons. She had been told when she was younger that she was probably infertile, making her pregnancy quite a shock, and was not on good terms with the father, who she described as unsupportive throughout her decision-making process. Furthermore, she wanted children, and so seriously considered continuing her pregnancy. However, she was not on a high income, working part-time as a nanny and part-time as a shop assistant, so looked into what state support she could receive. 'I was looking and I realised I'd still have to go to work and look after someone else's children whilst putting mine in what was then a free nursery,' she said. 'I was like, what kind of, how am I gonna feed myself, you know…Yeah, that was it, it was austerity.'

Whilst there were several factors that prompted Rebecca to choose an abortion, including her unsupportive boyfriend, she concluded that 'the main reason I couldn't do it was because I was poor, basically.' When she had her consultation, she recalled that 'the nurse was like, well, can you give your reason, and I was like, David Cameron[4] (laughs).' Her feeling that there was not enough state support available for her to support a child was also an important factor in her decision to have a second abortion two years later; 'if I had a successful job and wasn't living off £13,000 a year,' she said, she might have been able to continue her pregnancy, but 'I found it so difficult to find a job after I finished my first degree. I've ended up just continuing my education to the point where there's nowhere else I can go now, because I just, I just, yeah, the job market has just dwindled and disappeared.'

This is not an uncommon experience for women of Rebecca's age. Millennials have been identified as the first generation in many years to earn less than previous generations (Resolution Foundation, 2017; Social Mobility Commission, 2016). Their demographic has been described as more precarious than previous generations, having taken on more student debt than their parents or grandparents, facing lower employment rates, higher rent, and worse mental health (Mendelson, 2013). They are therefore somewhat trapped by the contemporary lengthening of youthful precarity: for example, an increasing number of university graduates in their twenties and thirties are moving back in with their parents after university or relying on their money to buy property (Social Mobility Commission, 2016).

As a result, circumstances which previous generations may have experienced as stable are experienced by women like Rebecca as precarious, as she explained in reference to her mum's belief that 'babies don't need very much, they just need you to love them and somewhere warm to sleep'. Rebecca feels differently, and talked extensively in our interviews about the importance of both financial security and availability of support, both from the state and from her friends, family and partner. Partly as a result of the rollback of the welfare state, the media and political commentators have noted that middle-class millennials are increasingly reliant on the 'bank of mum and dad' as their safety net (ITV News, 2017; Walker, 2017), moving back in with their parents after university rather than establishing a career and an independent life as previous

[4] At the time, Prime Minister and leader of the Conservative Party

generations might have been able to. However, this type of safety net is not available to everyone. Rebecca said that her parents had been hit quite hard by the recession, and 'where I might have once been able to call on my mum and dad if I wanted to have a baby…that's not really a support network I can rely on [for financial support].'

Furthermore, Rebecca pointed out that her mum's belief that babies 'don't need very much' is tempered by Rebecca's own memories of growing up in a family without much material wealth. She recalled that when she was growing up, she 'never had cool trainers or clothes or anything' and she 'used to get picked on and stuff' because her parents did not have much money. Thinking about continuing her first pregnancy, she said, 'I had this thought that my kid would come to me and want, like, some Air Max or something and there's no way I'd be able to buy them one. That was a huge, like the trainers thing, it was huge.'

Rebecca's reference to her feeling as a child that her family was too poor to afford 'cool' trainers is an example of a marker of distinction (Bourdieu, 1984) that she worries about reproducing for her own child. Clothing and 'bodily dispositions' act in the 'symbolic marketplace' as cultural markers which attach value to certain bodies and devalue others (Skeggs, 2004). Rebecca's desire to have children and to offer them a life not marked by lack is difficult to achieve in circumstances she experiences as precarious, lacking in material security, firm job prospects, and support from either the state or her social networks. Despite her high cultural capital as a highly educated woman, and her relative security in terms of her relationship with her partner and their cohabitation, she experiences her life as too precarious to have a child.

'To be a mum you have to be a superhero'

Anja, also 26, felt a similar frustration. Despite being in a relatively privileged and stable position in some ways – she was in employment and lived with her partner who owned the house they lived in – her pregnancy came at the 'wrong time' and she made a difficult decision to have an abortion. She was tearful in our first interview, explaining that she had had a bad morning; she had been trying to apply to her dream job to get out of her current part-time work that she hated, but had just discovered she was probably not eligible to apply. She had only recently moved to the country, because her partner had wanted to, and was finding it difficult to make friends and connections. This, along with her abortion, which had taken place weeks before the interview, had given her a

dismal view of the state of the world: 'This experience triggered a lot of other emotions and thoughts and feelings about life in general, and what it means to be a woman in this world,' she said. She felt that the world was 'harder than [she] thought before,' prompting her to ask, 'why do we do that? Why do we keep producing? And have people working crazy hours? It's just, I dunno. The world's just gone so wrong. Everything's so wrong.'

In particular, Anja knew that she wanted to have children and would have continued with her pregnancy, but found it difficult to find a sense of security and certainty in the decision to become a mother. She located that sense of uncertainty both externally, in society, and internally, in herself. For example, she explained the main reason for choosing abortion were her work and financial situation; she worked multiple part-time jobs, and said, 'I know I want children and I could have had it now. But that would have meant that I'd be struggling for money for a long time, and I'd be stuck in a job that I, that's difficult for me to do.' Having a child now, she explained, would be selfish, as she would not be able to provide for it, and furthermore, would not be able to rely on anyone else to provide:

> I think, just to cut a long story short, I think the world or maybe just our country doesn't support families with children enough. So a lot of people end up struggling, so unless you're in a good financial situation and actually have the time to raise a child, it's kind of unfair for the child.

Anja suggests that the decision to become a mother today is an acceptance of total, individual responsibility, as the state has divested itself of obligation to mothers and families; a successful mother has to be a successful neoliberal subject. Furthermore, Anja said, 'there doesn't seem to be any space for femaleness in the working world,' from menstruation to having children, meaning that 'to be a mother you have to be a superhero.' Thus, she is unable to find reassurance that the state or society will support her as a mother, so must turn inward to judge her ability to provide for a child against an impossible standard of motherhood.

Both Anja and Rebecca critiqued the demands this expectation places on women by reflecting on the external forces that mean women are not supported in their attempts to balance work and family. Nevertheless, they have shouldered the responsibility for this type of precarity by deciding to end a pregnancy they otherwise might have continued, citing both their own welfare and that of the potential child as the factors at the forefront

of their minds. Their experiences of precarity reflect the subjectification of responsibility of the effects of wider economic forces like recession and austerity.

Managing risk

As the welfare state in the UK has shrunk and institutions previously owned by the state have been privatised and commercialised, the result has not been, as neoliberal logic would suggest, a reduction in the intervention of the state on individual's lives (Tyler, 2013). Instead, the neoliberal state has developed new technologies of regulation and governance, such as an intensification of responsibility on the individual (Foucault, 1977). Many of the women in this study expressed a feeling of pressure to do motherhood 'right' by delaying childbearing and working on themselves – through developing their careers, or getting counselling to improve their ability to parent, for example. This can be expressed as a dimension of biopolitics, the concept developed by Foucault to describe strategies of power over life, death, health and reproduction which emerged from the eighteenth century onwards (Foucault, 2008). One dimension of biopolitics is the 'modes of subjectification' through which individuals are encouraged to regulate themselves in the service of certain discourses or forms of authority; in the name of health, for example. The broader theme of responsibility that emerged from the data will be examined in more depth in Chapter Five; however, here I examine how, in response to feelings of precarity, several of the women described the strategies they employed to ensure they had children at the 'right' time and in the 'ideal' circumstances.

Timing motherhood

Delaying childbearing has been described in academic literature as a particularly middle-class practice (Beynon-Jones, 2013; Smith, 1993; Walkerdine, Lucey and Melody, 2001); however, the average age of all first-time mothers in the UK has increased by almost 4 years in the last 4 decades (Office for National Statistics, 2016); The average age of first-time mothers in the UK in 2015 was 30 years old, according to the Office for National Statistics (2016). Several studies have noted that a woman's point in her life course affects her decision-making around abortion, but also how that decision is perceived (Beynon-Jones, 2013; Sihvo et al., 2003). Older women having abortions are more likely to encounter directive advice or concern from medical professionals that this may be an opportunity to have a child they may not have again;

in contrast, young mothers are heavily stigmatised in British society, and therefore younger women's abortion requests are more likely to be seen as justifiable (Beynon-Jones, 2013; Greene, 2006; Hawkes, 1995).

If women in general are having children later in life now, and contemporary conditions mean that the generation of women who are coming into their mid to late 20s now are experiencing more precarity than previous generations, it might be expected that the pressure to have children at the 'right' time has increased. This anxiety was certainly expressed by several women in this study. For example, Lucy described how her mother expressed regularly a hope that Lucy would not have children young: 'my mum had kids really, really young. So she instilled this, you do not have kids until you've done what you want to do with life. And that pretty much stuck.' Similarly, Sarah explained that it was important for her to have children, but 'I don't wanna, like, not sacrifice my life for a kid,' stating the importance of achieving her 'life goals' before becoming a mother. Anja's partner, as she described him, had a similar outlook. She said, 'he also wants children, but he has a few projects he wants to do before focusing on raising a child. He's very clear about what he wants to do in his life, and what he wants to at least try to achieve certain goals before he has a child.'

As well as the 'ideal circumstances' involving material security and job security, for many of these middle-class women and their partners parenthood is something that comes after achieving one's life goals. Walkerdine, Melody and Lucey (2001) identify this as a middle-class sensibility which imagines the middle-class female body as secondary to her cerebral development (in contrast to the fecund, fleshy figure of the working-class woman). Therefore, middle-class women are expected to delay childbearing until after their educations and careers are established. They write:

> For middle-class girls, regulation of their sexuality and reproductive capacity is part of the wider regulation of academic achievement – they are not allowed to fail, and pregnancy and motherhood is seen as a failure, incompatible with success in academia and work (Walkerdine, Lucey and Melody, 2001, p.194).

However, they argue, this clashes with the expectation that womanhood is synonymous with motherhood, leading to what Walkerdine et al. call a 'psychic struggle' against these competing expectations (2001, p.187). Motherhood at the expense of personal development constitutes failure for these women, but so does not having children at all.

These competing expectations produced anxieties in several women in this study that revolved around the potential consequences of opting out of motherhood today and trying again in the future. For example, Karen, 32 at the time of her abortion, worried that whilst she does not feel regretful about her decision, she may in the future: 'if for example in a few years' time I'm in a relationship and decide to have children, and I found that I can't, I just wonder how I'll feel about that abortion.' This also worried Anja, whose friend had had an abortion in her twenties, as Anja had, and had tried to have children in her thirties but could not get pregnant. Anja said, 'that's just so sad…I worry that's going to happen for me too.'

This concern about the 'biological clock' which gives women a small window of opportunity to have children at the 'right' time was so strong for Rebecca that she said 'I feel like if I was forty and single and I got pregnant by the wrong person, I'd keep it if I wanted a baby.' In other words, if she had been older at the time of her pregnancy, she would not have had an abortion. Rebecca also voiced her concern that abortion might affect her fertility in future; she had requested medical abortions both times she was pregnant because she had read that surgical abortions carried more risk of affecting fertility. The loss of fertility by age or as a result of abortion was therefore threaded through many of the women's narratives as a consequence or even a punishment they may have to pay later, adding to their feelings of risk and uncertainty about the future.

Older women face a different set of obstacles. Elizabeth was 41 when she discovered she was pregnant, and initially she decided to continue with the pregnancy. She was in many ways exactly the 'right sort' of mother: she owned her own flat, lived in a beautiful, residential area of a large city, and had a steady, permanent job that she enjoyed. However, she would have been a single mother, and furthermore, an *older* single mother. She explained the feeling of risk she experienced from the beginning of her pregnancy and the strategies she took to manage them:

> I Googled chances of miscarriage. I read somewhere that I had, at the age of forty-two there's a 50/50 chance of miscarriage…but I don't know where A&E is, I don't know how to get there. Would I have to call a taxi? Have I got to make sure I've got enough cash on me to get a taxi to go to A&E in the middle of the night? When I'm in pain? And I even thought maybe I should do a trial run to A&E so I know how to get there.

She described these anxieties as 'exhausting,' and a constant weighing up of risk: risk of miscarriage, risk of Down's Syndrome (more common in children of older mothers),

and risk of having a non-baby-proofed flat. She recalled the moment she decided to have an abortion, sitting in bed and reading the 'large pile' of pregnancy materials that her GP had given her. The material, she explained, was full of images of young, happy women doing things she could not:

> It starts off when she breaks the news to her parents that she's pregnant, and they're weeping with joy. I just sat there in bed reading this and felt complete despair. Here was this happy scenario, I read through all this literature and I couldn't find anything about having a baby on your own.

This normative representation of pregnancy and motherhood produced such overwhelming feelings of failure in Elizabeth that she had not done everything 'right,' despite her best efforts, that she ultimately ended the pregnancy.

Pressure on women to 'have it all' – to have successful careers as well as raise a family and do everything at the 'right time' - is not new. Feminist scholars have noted for years that one perverse consequence of advances in the rights of women has been the expectation that there are no longer any structural disadvantages for women, therefore if they find it difficult to combine work and home life they only have themselves to blame (Faludi, 1992). However, many of the women above expressed anxieties about timing motherhood that they explicitly linked to contemporary socio-historic conditions, like the recent escalation of the rollback of the welfare state and contemporary precarious conditions of employment. Furthermore, women now have access to a wealth of reproductive technology that enable control over how, when and whether they have children, from contraceptive options to in-vitro fertilisation. This array of choice, however, is accompanied by medical and moral discourse which enables a biopolitical regulation of women's reproductive lives through production of anxiety and a desire to get motherhood 'right' (Foucault, 1978). As a result, it is useful to see these expressions of precariousness not only as a product of perennial gender equality issues, but also as a new formulation of them within these specific social conditions.

'Working on yourself'

As well making the 'right' choices in timing motherhood, there is also a contemporary requirement to account for oneself, to produce discourses of the self (Skeggs, 2005). Foucault argued that the confession – to a priest, a psychologist, a doctor – operates as a mechanism of subjectivity in neoliberal times, particularly in relation to stigmatised or prohibited behaviours; these behaviours are 'constantly connected with the obligation to

tell the truth about oneself' (Foucault, 1988, 1978). Applying Skeggs' theorisation, these discourses of the self (ways of 'telling and knowing') are unevenly distributed classed resources, requiring as they do not only the resources but knowledge of *how* to display subjectivity in legitimate ways (Skeggs, 2005). These discourses of the self were displayed in various ways in the data. For example, Anja's distress about being in too precarious work to have a child meant she needed to 'invest' in her career now in order to be a good mother later: 'I just have to progress my career now, I need to work hard now to put myself in that situation in future.' However, this 'work' on the self was also expressed in other ways, for example Lucy, before she decided to have an abortion, was planning on continuing her unexpected pregnancy, and told me that she had immediately booked herself some counselling in order to prepare for motherhood. She did not position this as for her own benefit, but as a way of improving herself for her future child, to get into the 'right frame of mind for parenting.'

Lucy came from an aspirational upper-working-class family, and her family's trajectory of upward social mobility – through, she believed, the hard work of her parents – structured the way she conceived of parenting. There were traits she saw in her mother, for example, that she did not want to 'hand down' to her own children, such as her mother's lack of emotional attention that she attributed to having had children 'too young' and having to work hard outside of the home to provide for them. 'So that's why I started counselling, cause I thought, I need to not do what [my parents have] done, cause I've seen it trickle down the family line,' she explained. 'You can see it being handed over.'

Lucy's rhetoric of traits being 'passed down' family lines is almost pathological, framing her parents' lacks as inherited traits that it is her responsibility to 'cure' in herself before having children. Both Anja and Lucy's narratives could be read through what Anthony Giddens called the 'reflexive project of the self' (Giddens, 1991). Giddens suggested that in late modernity, selfhood need no longer be constrained by birth, but could be a flexible 'project' unrestrained by old forms of classification. However, Lucy and Anja's narratives demonstrate that they were shouldering the burden of reinventing themselves as more employable, or more psychologically healthy, in order to be good mothers and in order to compete in the broader economic and symbolic 'systems of exchange' which imbue them with value (Skeggs, 2004) and enable them to become successful neoliberal citizens. This, far from being a process

unconstrained by class, was shaped by what Skeggs calls 'compulsory individuality,' the requirement that middle-class subjects in particular must display their ability to make good choices and investments in themselves.

The risk of failure associated with the anxieties of many of these middle-class (or, proximately middle-class) women was expressed as somewhat of a double bind in Heidi's story. She told me that she felt 'guilty' about her abortion, because previously she had believed that if she found out she was pregnant, she would 'just be a mum.' However, when she discovered that she was pregnant, she felt strongly that she 'didn't feel ready' for a child, and felt 'a bit like, what's the word? I dunno, what's the word for that? Guilty, I guess. A bit like a failure.' However, the prospect of continuing the pregnancy and becoming a mother was *also* positioned as a failure; 'what kind of mum would I be? I don't have a job, I don't have permanent housing, you know, I can't do that.'

Heidi is therefore caught by the competing expectations Walkerdine et al. (2001) identify in the narratives of young middle-class women. Expected on one hand to delay their childbearing in pursuit of security and achievement in their intellectual, work and love lives and on the other to have children before they are too old, they are left with a narrow window for success. Through their abortion narratives, the women in this study demonstrated that many of them experienced feelings of risk and precarity when making the decision of whether to end a pregnancy. These feelings were intimately related to their gendered experience of middle-classness, because of which they felt under pressure to succeed in their work, love and reproductive lives without calling on support from the state, their families, or even their partners. These expectations were occurring in a context of increased insecurity and precarity produced by the casualisation of labour, meaning that the hope of security in contracted, permanent employment has become more difficult. The competing pressures this produces is demonstrated by, for example, women being constantly reminded by medical professionals and the media that they are leaving motherhood 'too late' due to their 'selfish' prioritisation of their careers over their family lives (e.g. Ivens, 2015; Sassoon, 2015; Selvaratnam, 2014), whilst also being expected to maintain successful careers alongside motherhood. This leaves middle-class women with few opportunities to avoid the risk of 'failure'.

Using and resisting discourses of precarity

Throughout the preceding analysis, I explored how the women in this study experienced and narrated the first two of the three dimensions of precarity that frame this chapter: material conditions and subjective experiences. I now turn to the third dimension of precarity that was introduced at the beginning of the chapter, that of precarity as a discourse. As I argued above, in mobilising the term 'discourse' here I am drawing upon Foucault's understanding of discourse as systems of thought, signs and meanings which construct objects of knowledge (in this case, precarity) (Foucault, 1989) , but also upon Skeggs' theorisation of culture and discourse as resources (Skeggs, 2005).

Classed discourse about abortion is not new. The reformist arguments during the parliamentary debates in the 1960s when the Abortion Act was being proposed in the UK are an example of the use of the discourse of precarity and poverty to garner sympathy and legitimisation for abortion, and for women who have them. Those in favour of legalising abortion used emotive vignettes of women who the reformed law would benefit, one of which was the figure of the over-burdened working-class mother, who had too many children to feed already and no space for them (Sheldon, 1997). As noted in Chapter Two ('Medicalisation and regulation,' p. 51), research suggests that medical professionals still find this reason particularly understandable and acceptable for granting an abortion to women they read as working-class, and their reasoning contains heavily classed assumptions about who is and is not in a position to support a child (Beynon-Jones, 2013). In this section, I move on from considering precarity as a material condition and a subjective experience, and consider precarity as a discourse which some women engaged with in order to present 'understandable' or 'legitimate' abortion stories, and others who resisted it. I analyse, through the work of Beverley Skeggs, how the discourse of precarity in this context 'fixes in place' (Skeggs, 2004) some subjects, whilst being used by others as a resource that they might take on or discard at different moments.

In order to explore in more depth how these accounts of precarity act as discourses which were used and resisted by different women in this study, two women's stories will be used as mini case-studies. The first is Anna, a young, middle-class university graduate, and the second is Violet, 35, a PhD student from a working-class background. In contrasting these two cases, I argue that they demonstrate why women like Anna might invest in discourses of precarity to describe their abortion experience, whereas

women like Violet risk being 'fixed in place' by those same discourses and therefore might resist them (Skeggs 2004). In doing so, I do not mean to suggest that Anna's engagement with precarity is somehow inauthentic or calculated. On the contrary, I wish to argue that all women have limited 'cultural scripts' by which to articulate their abortion stories, and, as Violet's story demonstrates, to reject or resist them is not always possible due to the gatekeeping roles medical professionals play in granting abortion requests.

Anna

Anna was 20 when she unexpectedly became pregnant. Studying at university, young, with her life and career ahead of her, becoming pregnant could have been a derailment of the trajectory she imagined for herself (and that others expected of her). Instead, she chose to have an abortion. However, throughout our interviews she used a rhetorical device that emphasised the impossibility of her circumstances: 'I couldn't have a baby.' She described the choice to have an abortion as more of an immediate gut reaction, and the only conceivable response to this potential obstacle that threatened to derail her future. She described her expected trajectory quite clearly: finishing her degree, starting a career, and then (and only then) contemplating having a child.

Anna's life narrative was peppered with 'facts of life.' For example, of going to university, she said, 'that's what you do. You go to school, you go to university...Yeah, it was just, like, normal.' She described her childhood as replete with access to her grandparents' large bookshelves, encouragement to read, and trips to museums at the weekends. Her middle-classness became obvious to her when she and her sister moved schools from the local comprehensive to a grammar school. She described the comprehensive as 'horrible':

> [W]hen we first moved to City we lived in Area which was quite, it's quite a like, white working-class part of City. We went to this school, and it was a horrible school, like, mum used to drop us off and there'd be people, like, screaming at their kids, calling their kids, like, a bitch, and just, my mum hated the fact that we were there.

Their mother's discomfort was exemplified in an episode Anna remembered well: 'my sister came home and said [in a thick regional accent] Mum, can I go to so-and-so's party, and my mum was like, oh my god I have to get them out of here (Laughs)!' Her mum's discomfort was validated when a teacher sent a letter home to their mother, pleading: 'you've got to get your daughters out of here, like, they don't belong here.'

'Culturally', Anna explained, she did not fit in at the comprehensive. She laughed at her mother's attitude, and did not seem to share her fear of contamination from exposure to screaming, swearing, thickly accented children. However, she seemed to accept the decision that her and her sister needed to 'get out', and her mother's decision to send them instead to an all-girls grammar school. Here, Anna felt different too, but this time because she and her sister were comparatively poor next to their wealthy classmates. Despite the material inequality they experienced, Anna is clear that culturally, they belonged. 'My friends always said like, at school, we used to, like, we used to talk about this fairly frequently,' she explained. 'They'd be like, yeah you're definitely middle-class cause you eat hummous (laughs) so it's like, we all agreed, out of my friendship group I was definitely the poorest, but we were all, like middle-class.'

Using Bourdieu's metaphor, her middle-classness meant that the field of private school (and later, university) was as comfortable to her as water to a fish (Bourdieu, 1984). Her family's relative lack of wealth featured in a handful of stories she chose to recount – for example, when on a holiday one of her sister's friends had made her a basket of food for the family: 'they thought we were so poor that they had to make us a food basket!' - but these were presented as humorous anecdotes about her classmates' absurd excesses rather than evidence that she did not belong at the grammar school. Throughout her narrative, Anna positioned herself as a middle-class woman with high cultural capital, comfortable in the social fields of the grammar school and the university, despite her and her family's material precarity.

When I asked Anna why she decided immediately on finding out that she was pregnant that she was going to have an abortion, her first answer was 'I don't know, really.' She initially referred to her position as a young student – 'Just too young, really. Um, I was still at Uni, it was February so I was still in Uni writing my dissertation' – but then began to talk about her middle-class upbringing and the expectations she suggested it provided. 'My mum had me when she was thirty-five, my grandma had my mum when she was in her thirties, like, it's not usual in my family, like, people don't have kids young.' Similarly, in discussing her hope that her sister would also have children, she said 'although I'd love her to have a baby, as her sister, I think she should go and do her Masters first, do it the proper way or whatever.' Anna's positioning of delayed childbearing as the 'proper way' to do things implied that this was a universally understood norm, and is an example of what Savage calls the practice of the 'particular-

universal' class: 'the middle class … around which an increasing range of practices are regarded as universally 'normal', 'good' and 'appropriate' (Savage, 2003, p.536).

After explaining these expectations and their impact on her decision after finding out she was pregnant, I asked Anna, 'Did you have an idea in your mind of where you want to be, or where you wanted to be, in the next few years, like, was that in your head, like, I want to finish my degree, or?' After this prompt, Anna answered:

> I guess so, yeah. I knew that, like, I don't have any money. I was on my student loan, I didn't have a job. Boyfriend was working as a chef. I dunno, I felt like I never really got to those thoughts, because I, like, the decision had been made so, like, quickly. I never really had chance to think about why. I don't know though.

Anna's unplanned pregnancy was not the 'proper way' of doing things, and her discovery that she was pregnant was a shock. Walkerdine et al. (2001) suggest that in making a decision to go against the norm of their class position – for example, continuing with an unplanned pregnancy as a middle-class teenager – young women risk undergoing a 'psychic struggle' as they 'have to hold together the contradictions their gender and class positions imply' (p. 187) In this sense, for Anna, the teenage middle-class mother was an impossible figure. That is not to say that she does not exist, but that she cannot be imagined in the schema of middle-classness. Therefore, the intense, physical response Anna described feeling in discovering she was pregnant was a response to this threat of becoming an impossible figure, and the 'heavy psychic costs' this would entail (Reay, 2015).

In our interview, Anna did not seem to feel that her material, working or housing conditions were the most important elements in her decision; the realisation that she had not done things the 'proper way' was more of an immediate and urgent reason to end her pregnancy. Despite this, during her consultation at the abortion clinic, Anna was able to draw upon the discourse of precarity and a set of legitimate, middle-class tropes to describe her experiences and her desire to complete her education and become stable and secure in order to be a better mother later in life (Beynon-Jones, 2013; Walkerdine, Lucey and Melody, 2001). She described the process of obtaining medical approval for her abortion as 'easy,' reflecting: 'the process just seemed really easy for someone like me, really easy to navigate.' I interpreted her meaning of the phrase 'someone like me' through comments she had made earlier in our interview about her gratitude that being a feminist meant she knew about the abortion process and how to begin it. However, I

would argue that there is another reason why someone like Anna might find the process of medical approval easy: her social position allowed her to draw upon the discourse of precarity as a 'justifiable' way to describe her experience to abortion gatekeepers, who find stories like hers easy to approve (Beynon-Jones, 2013). This ease is heavily predicated on one's classed location and experiences.

Violet

I now turn to a different experience which facilitates an analysis of how discourses of precarity might be resisted rather than embraced by some, as well as their relation to the regulation of abortion through medical gatekeepers. Violet was a 35-year-old PhD student when I met her, and she was settled in a flat she had been renting in the Northern city in which she was born for fifteen years. She was working part-time alongside her PhD, living on that salary and her grant.

Her story was interspersed with the language of survival. She expressed gratitude that she was pursuing her passions through academia rather than working a job she hated for more money, 'but I could do with a few grand in the bank, cause if my washing machine went tomorrow, I'd be stuck.' Having left home at the age of 16 with no A-Levels, she was used to precarity and the anxiety that goes along with it:

> [By the age of 24] I'd had umpteen jobs, and I knew what it was like to be starving and not, I knew what it was like to be cut off because you couldn't pay your water bill, and I knew what it was like to hide from the landlord cause you hadn't paid your rent that month, and all that kind of stuff. I knew how to change a plug, I knew how to do all these daft things, I knew how to reset a boiler if the pilot light had gone off. I know it sounds a bit daft and it's all like, well these are just little things, but in the grand scheme of things I knew how to look after myself, and I kind of knew how to survive.

From this point, Violet worked various jobs and completed some A Levels part-time. One of her tutors suggested she apply for university, which she did two days before the UCAS deadline. She got in, and went on to study English Literature as a mature student, something she had not imagined for herself before her tutor encouraged her to apply. When I met her, she was studying for a PhD.

As a PhD student with a limited amount of material security, Violet had theoretically as much a claim to precarity as Anna did. However, at the same time as acknowledging her material precarity, Violet attached value and significance to her experiences of poverty and insecurity. They taught her how to survive and be self-sufficient, something she

noted most people she later went to university with lacked. Researchers have previously argued that there are forms of gendered and classed skill or capitals which are undervalued within the dominant 'symbolic economy', such as emotional capital (Reay, 2004) and emotional labour (James, 1989), which working-class women in particular develop in order to navigate classed and gendered relations. Violet did not only see her childhood in terms of a deficit of cultural capital (e.g. leaving school with no A Levels as a lack of institutional cultural capital (Bourdieu, 1984)), but attached value to the skills she was forced to learn in order to make the most of things.

Despite this, Violet was used to being treated by others as if suffering from a deficiency as a result of her class and gender. After leaving school at 16, she had a series of jobs in retail, which she found 'boring' but 'what [she] had to do to keep a roof over [her] head.' During these years, she described herself as 'really angry':

> I was really angry at life, and angry at my parents mainly, and angry at myself, angry that I could've, should've had a better life. I was quite bright, and had I had the right opportunities, then, you know, angry at the world that I wasn't born with the right connections and stuff.

Violet located the problem in the structural conditions that had put her at a disadvantage compared to others, explaining that as she absorbed information about sociology and politics, she began to see the world through this critical lens. She reflected on her experience working as a manager at a sports shop, where she was 'their very first female golf and bike department manager,' recalling that 'customers would come on to the shop floor, and look at you, as a young woman, I was, what, 18, 19 at the time, and they'd be like, what do you know?' She described how she quickly developed the skill of 'talking a good game' in order to negotiate these dismissals:

> So many things in life are about acting. Not lying, but acting. The way you present yourself. If you come across as confident even when you're not, you can sometimes pull it off, and I think I learned that from when I left home, that's how I got on in life to start with.

This experience proved useful when Violet sought an abortion when she became pregnant, and later a sterilisation, which she had previously been denied. She described two things appearing to block her way to both the sterilisation and the abortion: her age, and her reasoning for requesting the procedures. In her late twenties, Violet had made enquiries about getting a sterilisation, certain in her almost life-long knowledge that she never wanted to have children, and was told, 'they'll not even look at you. They'll not

look at you until you're 35.' However, after becoming pregnant and having an abortion aged 30, she requested again, this time more forcefully, that she wanted to be sterilised. She recounted the questioning of the doctor who consulted with her:

> And the guy who, yeah, the male doctor who saw me for that initial thing was, I got really annoyed at him, cause he said well, why do you want sterilising? Cause he'd asked how many kids have you got? None. Are you married? No. Are you in a relationship? No. Well, what if you end up in a relationship and he wants kids? And was like, if he wants kids I wouldn't be in a relationship with him in the first place. What kind of a question's that?
>
> And he said, well why do you not want kids? And I said, because I don't want children, I said, this isn't about anyone else, this isn't about (laughs) I remember saying, this isn't about being in a relationship and a boyfriend not wanting children, or having children already and not wanting any more, this is about me and what I want.

She notes that 'having to justify being sterilised was the same as having to justify the termination. And I do get fed up of fighting for things I'm entitled to.' As well as her age, which prompted the rather directive questioning from her doctor, the second thing Violet felt was an obstacle in obtaining both her abortion and sterilisation was her unwillingness to perform precarity to medical professionals. She had never wanted children, and did not think she ever would, and that was, as far as Violet was concerned, the only reason she should have to give. However, she felt she was made to 'justify' herself, and noticed cues from the doctor in order to 'play the game':

> [Y]ou have to have these reasons for an abortion. Just saying I don't want kids doesn't cut it. You have to be, I can't financially look after a child, at the time I was finishing my Masters so I said I need to concentrate on my studies.

Violet's words can be read in tandem with Anna's:

> I was still at Uni, it was February so I was still in Uni writing my dissertation… I don't have any money. I was on my student loan, I didn't have a job.

Despite having a similar 'script' available to her, Violet was resistant to using it. She indicated that she considered this confessional aspect of the appointment intrusive and irrelevant to her understanding of her situation, and felt forced to adapt her language to the rubric the medical practitioner was working with.

The idea of performance in the abortion clinic is not new, as explored in Chapter Two ('Medicalisation and regulation,' p. 51). There have been notable critiques of the ways in which the medical establishment, through the lens of the Abortion Act, requires those seeking abortions to shape their reasoning through a variety of recognisable figures or

scripts (Lattimer, 1998; Sheldon, 1997). The only ground on which Violet could be deemed to have a 'legitimate' abortion was that her circumstances prevented her from being an effective mother. Violet vehemently disagreed with this: her abortion was legitimate because she simply did not want children. As friendly as the doctors and nurses she interacted with were, they forced a framing of her decision through a deficit of the necessary characteristics of a good mother, rather than a positive assertion of her reproductive rights and desire for a child-free life.

The experiences of Anna and Violet can be theorised through the lens of Skeggs' work. In *Class, Self, Culture*, Skeggs explores the processes by which the classed self is brought into being, in particular:

> how some people can use the classifications and characteristics of race, class or femininity as a resource whilst others cannot because they are positioned *as* them (2004, p. 3).

Through Bourdieu's work, she argues that the misrecognition of inscribed values on certain bodies as natural and inherent means that some bodies are fixed in place by these inscriptions, whereas others are more free to remain mobile (Skeggs, 2004). Skeggs explains how this happens using the example of race using an example I quoted in Chapter Two ('Embodiment, inscription and biopolitics', p. 33) which I wish to do here with another example. In the early 2010s, Black feminists critiqued the popular 'Slutwalk' movement which emerged in Canada and spread to countries across America and Europe as being blind to the relative freedom white women have to identify with the term 'slut' in contrast to their sisters of colour. In a 2011 open letter in the *Black Women's Blueprint*, African American activists and scholars wrote:

> As Black women, we do not have the privilege or the space to call ourselves "slut" without validating the already historically entrenched ideology and recurring messages about what and who the Black woman is. We don't have the privilege to play on destructive representations burned in our collective minds, on our bodies and souls for generations (Black Women's Blueprint, 2016).

As women historically categorised as hypersexual objects, Black women risk more violence, both literal and figurative, in placing themselves in proximity with a term that has historically been used to strip them of humanity. This is precisely how Skeggs argues classed and gendered selves are also produced: the powerful have access to 'symbolic domination' which 'imposes fixity onto those from whom they draw and claim moral distance' (p. 4). White women have historically been positioned in

opposition to Black womanhood, as pure, chaste and restrained, and as such have more freedom to pick up *and later discard* terms like 'slut', whereas Black women are positioned as inherently promiscuous.

Returning to Anna and Violet, we can see how their different class positions enable different engagements with the discourse of precarity. Anna was able to draw upon the discourse of precarity to negotiate the medical gatekeeping associated with accessing an abortion, but outside of this interaction, she was not at risk of being fixed in place by those discourses. Her middle-classness and cultural capital means she will not be associated with the other inscribed markers that come along with precarity, that condition which produces a 'dangerous' class (Standing, 2011): laziness, fecklessness, low intelligence. In contrast, whilst Violet's experiences in higher education imbue her with a form of cultural legitimacy, she is more at risk than Anna of being fixed in place by the discourse of precarity she was forced to use to articulate her experience. Her view of herself as a 30-something woman making a positive choice to remain child-free was not legitimate; she had to 'confess' to her inability to care for a child. The idea that she was deficient is one that she described as having followed her throughout her life story, and she felt less able to take on and discard the markers of precarity that Anna was more free to do. In this way, Violet's experience of material and felt precarity throughout her life course informed her cautious use of precarity as a discursive resource.

What this suggests is that processes of classed 'inscription' (Skeggs, 2004) affect which discourses women of varying social locations can use to articulate their experiences of abortion. Furthermore, despite the shift away from individual doctors' invasive medical gatekeeping of abortion (Lee, 2017a; Sheldon, 2017), it is clear that the institution of medicine retains the symbolic and epistemic power to grant certain abortion experiences legitimacy.

Conclusion

The theme of precarity emerged from the data in three ways, or as three dimensions: precarity as a material condition, as a subjective experience, and as a discourse. I focused in this chapter firstly on the millennial women I spoke to during this study, of whom many were positioned as middle-class. For these women, feelings of precariousness and anxieties around timing motherhood were important aspects of their

abortion experiences, and whilst this is not necessarily a new concern for women (who have faced the pressure to 'have it all' for several decades), the way in which these women linked these feelings to contemporary conditions is particular to this socio-historical moment. I have argued in this chapter that the 'zeitgeist' of precarity amongst millennials alongside the roll-back of the welfare state was felt alongside the pressure on middle-class women to be the 'vanguards of neoliberal subjectivity' (Harris, 2004). Their feelings of risk and precariousness are produced by the knowledge that it is possible to 'fail' when it comes to timing motherhood and producing the 'ideal conditions' for starting a family.

I also argued through the work of Skeggs that the discourse of precarity could be used as a resource for some women to legitimise their abortions, whereas it threatened to fix in place other women with more proximity to working-classness. This can happen unconsciously, in the case of Anna who seemed somewhat surprised at how easy her process of obtaining medical approval for abortion, or consciously, in the case of Violet who had to 'play the game' and articulate her abortion request in a way she morally objected to.

In this analysis of how these women talked about uncertainty and risk in their abortion stories, the concept of responsibility was closely entwined with the three dimensions of precarity explored in this chapter. It is clear from these women's stories that the emphasis on 'choice' that dominant abortion discourse creates is not an inherently liberating phenomenon for women carrying these burdens, as to make the *wrong* choice carries the penalty as being classified as irresponsible, immature, or selfish. In shouldering the insecurity and precarity associated with living in 'neoliberal times', class and gender interacted in complex ways in these largely middle-class women's abortion narratives in ways which produced anxiety, anger and resistance.

Chapter Five: Responsibility

As argued in the previous chapter, a key feature of 'neoliberal times' is the intensification of the individualisation of responsibility (Francombe-Webb and Silk, 2016; Phipps, 2014; Walkerdine, 2011). This is a clearly gendered phenomenon, producing particular pressures on women to, for example, have successful careers and raise families without relying on the state for support; indeed, women who have children whilst on state benefits or in receipt of social housing are demonised by the media and political rhetoric (Jensen, 2013; McKenzie, 2013; Tyler, 2008). Allan and Charles (2014) have proposed that 'the image of the successful/failed neoliberal subject often gathers around the figure of the feminine,' using the example of young girls in elite educational settings who are trained to be self-responsible, mobile, and resourceful in order to 'succeed' (p. 342).

Throughout this analysis, I mobilise Foucault's concept of biopolitics, which denotes the supervision of the 'mechanics of life' – birth, death, and reproduction – of the population which is facilitated by 'a series of interventions and regulatory controls' (Foucault, 1978, p.139). One of these mechanisms is 'modes of subjectification' that encourage individuals to self-regulate and internalise the value of individual responsibility. I use Foucault's concept of biopolitics throughout this chapter to explore how these women were both subjected to and resisted these gendered forms of responsibilisation, as well as his concept of governmentality, the insidious, subtle mechanisms of discipline which produce the desire to self-regulate one's body and 'conduct' (Foucault, 1977).

Through this lens, I analyse these women's reproductive lives as part of a matrix of moments of choice that must be justified and done 'right.' The risk of making wrong or 'irresponsible' choices is to become a failed neoliberal subject. This shaped several of the narratives examined in this chapter, through internalisation of blame or fault for getting pregnant or having an abortion, and through the interpellation of 'others' against which the responsible self could be constructed. Much of the women's engagements with the concept of responsibility revolved around presenting oneself to others as having made a rational, responsible, and compassionate decision to end a pregnancy, rather than having made a selfish or irresponsible one (as previous research has noted e.g. Jones, Frohwirth and Moore, 2008; McIntyre, Anderson and McDonald, 2001).

In order to do so, there were various classed figures constructed in these narratives as a foil to the responsible self, like women who have multiple abortions and fail to 'learn their lesson', and women who fail to use contraception. However, there were few examples of explicit class 'disgust' in these women's narratives (Tyler, 2008; Lawler, 2005), and several instances of explicit resistance to classed judgements about the responsibility or otherwise of women who have abortions. Discursive space was also opened for accounts of abortion that transcended the binary of responsibility and irresponsibility, and these offered examples of how reproduction of stigmatising discourse can be ruptured or subverted. I argue that these moments of challenge and resistance expose a common resentment and frustration most of these largely middle-class women felt about the fact that they carry the burden of responsibility for reproduction.

The 'responsible' abortion story

Previous research has noted that there is a societal expectation that those who have abortions need to justify their decisions, and this expectation produces pressure to present a 'responsible' abortion story (Cockrill and Nack, 2013; Hoggart, 2017; Kirkman et al., 2011). This expectation can be read through Foucault's conceptualisation of neoliberal society as infused with the 'obligation to tell the truth about oneself' (Foucault, 1988), and Skeggs' classed 'discourses of the self' (Skeggs, 2009, 2005) through which individuals 'account for themselves.' The need to 'account for' was certainly a concern for many of the women in this study, some of whom had internalised blame for becoming pregnant and having an abortion. These women positioned pregnancy as a risk that could have been avoided through being more responsible. Women who had become pregnant through unprotected sex used words like 'foolish' and 'stupid' to describe themselves, and even some of those who had done everything 'right' and used contraception expressed frustration at themselves. For example, Heidi described her reaction to discovering she was pregnant after having protected sex: 'I had this kind of reaction where I was like, no, that cannot be, *I cannot have allowed that to have happened*' (my emphasis). In her narration, she positions herself as the protagonist, and notes the moments that she could have chosen differently. 'I was stupid to be in that position to begin with,' she says of having sex with the man who made her pregnant; 'if I had just been more choosey, I shouldn't have given him the time of day, basically.'

If even women who did everything 'right' found it difficult not to blame themselves for becoming pregnant, the internalised stigma was even stronger for women who had had unprotected sex. Anna said, 'I do feel like it was a silly thing to get myself into, you don't have unprotected sex,' and as a consequence she explains she thinks it would be 'stupid' to be 'that person' who has a second abortion: 'I dunno, it's kind of like, the principle. I'd feel like an idiot if I had let myself get accidentally pregnant with someone [again]. And I think if it did happen again, I would just keep the baby.'

Lisa reflected on the effects of this internalisation of responsibility, explaining that 'the internal pressure to make an excuse for why you were pregnant in the first place is really intense.' She said that she was in the habit of explaining that she had an IUD when she became pregnant in order to emphasise that 'there was contraception involved, I was responsible.' She problematised this extensively in her interview, explaining that she made a conscious decision to stop 'making excuses' for her abortion; '[I decided to start saying that] I had an abortion, and not to explain.' She reflected on the limited subject positions available to women who have abortions: 'you only have an abortion because you took all the precautions and something has gone wrong, or you're an idiot.' Her decision to stop explaining why she had an abortion was partly a response to what she saw as a patriarchal positioning of women as capricious and irresponsible, but also to what she saw as the lack of representation of women who have abortions and feel 'fine,' as she put it. As a result, she expressed a commitment to creating new discursive spaces for women to talk about abortion and occupy alternative subject positions to 'responsible woman for whom contraception failed' and 'idiot.'

One of the ways, therefore, in which the women managed the possibility of judgment, was to actively resist these dominant understandings of abortion and the subjectification of responsibility (Rabinow and Rose, 2006). For other women, however, it was more practical and less exhausting to present their abortions in a 'socially acceptable' way, as Jackie put it. Jackie found out she was pregnant during a routine health screening as part of a medical trial she was participating in, which was testing a new treatment for multiple sclerosis. Her decision to have an abortion following this discovery was dominated, she said, by her and her partner's lack of desire to have children together. However, she described having a list of 'socially acceptable' reasons ready to shut down any potential judgement: 'I just say, well, Ryan's [her partner] already had children, and

I have this health condition. Shut down. You can't argue with either of those things.' Whilst these were relevant factors in her decision, she nevertheless said this 'feels like a lie'; she felt it was less socially acceptable to give the reason that 'I've never felt remotely like I should have a baby.'

This was an example of the awareness many of the women displayed of a hierarchy of acceptable reasons for an abortion. In Jackie's case, her health condition meant that she felt '[having a child] would have been maybe an irresponsible thing to do when you have a chronic health condition, with all the needs that a child has, babies and toddlers, that's a huge issue.' Whilst she did not identify this as an important part of her decision, she described how she was able to use to her advantage people's assumptions about her ability to look after a child. She was able to use this as 'an easy concept for someone to get. Like, oh, well, she can't have children with a disability. That's what people think.' In this way, she protected herself from sexist judgments about her lack of desire to have children, which she said had been directed towards her for years since she had been married, and presented her abortion as a responsible choice.

These examples demonstrate how complex the role of 'responsibility' was in these abortion narratives. First, there were a number of women who internalised blame and stigma, and in response saw their abortions as prompts to become more responsible. Their subjectification of responsibility was turned into a 'technology of the self' through which they transformed and regulated themselves (Foucault, 1988). Second, there were women who actively resisted and challenged this process of 'responsibilisation' (Foucault, 1978; Rabinow and Rose, 2006). Third, there were women who were critical of the pressure to appear 'responsible,' but who chose to develop an appearance of responsibility to others whilst privately disagreeing with the need to 'justify' their abortions (Jackie is a good example of this). It is also important to note that these three 'relationships' with the concept of responsibility were not mutually exclusive; more than one of these might present at different points in one person's narrative. Using this framework, it is possible to examine how these largely middle-class women both (re)produced and challenged classed discourses of reproduction and responsibility.

Classed distinctions

In positioning their abortions as responsible choices, some women produced narratives of differentiation and distinction between the responsible self and the irresponsible Other. Whilst rarely engaging with the concept of class, previous work on abortion has highlighted this process of 'stigma transference' that can occur in abortion stories (Cockrill and Nack, 2013). Cockrill and Nack define 'stigma transference' as a process of 'shifting the stigma burden onto specific or abstract others,' a process by which a person accepts the legitimacy of stigma or stereotypes – for example, that women who do not use contraception are irresponsible – while simultaneously challenging its application to their particular experiences (p. 982).

Sociologists of class have suggested that one of the mechanisms by which this type of stigma transference happens is disgust, a mechanism that Steph Lawler calls part of a 'long-standing middle-class project of distinguishing itself' (2005, p.429). The 'resource' of class disgust (Skeggs, 2005) can be used to distance oneself from undesirable Others and reproduce class norms that define what is acceptable and respectable. For example, the stereotype of the 'chav mum' – the young, promiscuous, working-class, single mother – is a figure in British cultural discourse that one can point to in order to define oneself against (Tyler, 2008). Whilst there were several examples of women who did construct irresponsible Others in their abortion narratives in classed ways, this type of differentiation was not often explicit or clear-cut, and rarely communicated disgust. It was often entangled with self-judgment as well as a stated opposition to judging women for their reproductive choices. It is therefore useful to analyse these entanglements through the lens of governmentality, the mechanism that Foucault argued connected wider processes of power to individual self-regulation (Foucault, 1988). There were also several examples of women who challenged or resisted this type of 'stigma transference,' refusing to judge other women for their reproductive decisions. In this section, I begin by analysing the few examples of explicitly classed narratives of responsibility and distinction, before contrasting them with examples of resistance to classed judgments of (ir)responsibility.

Lucy explicitly linked responsibility, class and reproduction together in her interviews with me, and she gave the most explicit classed judgments of all of the women I spoke to. Her outlook was heavily shaped by her upbringing in a working-class, upwardly mobile family. Her dad grew up with 'nothing', and through hard work and ambition

became successful, and she described being 'trained' by her dad to be competitive and a 'winner.' Her dad was positioned in her narrative as the ideal neoliberal subject: self-responsible, adapting to the market, he made himself employable and through this work on the self, he became successful. Throughout her narrative, Lucy emphasised the moral imperative she felt to take responsibility for her actions and not blame them on external forces. She made explicitly classed judgments about working-class parents (despite her own parents having working-class backgrounds), who she described as too permissive of their children and lacking in aspiration. 'Parents with money are more competitive and driven and want their kids to be as successful as they are,' she explained, whereas 'working-class people don't see what they could achieve, and they don't see it for their kids. It saddens me.' She placed great emphasis on the inter-generational transmission of values like hard work, responsibility and aspiration, noting that as well as her dad's trajectory, she was influenced by her mum who told her to avoid having children young, as she had. She explained that 'especially working-class parents' have a tendency to permit their children having their own children young, because 'oh yeah she got pregnant, but I did so I can't say anything.' She emphasised that the appropriate response is 'Yes you can! You can say, look what I did and what an idiot I was.'

Lucy carefully distinguished herself and her family from this type of working-class person, particularly in her discussion of benefits claimants, displaying an investment in neoliberal discourses of meritocracy and self-invention. She took the view that people 'take advantage' of the welfare system, symptomatic of a culture of 'I deserve this, I deserve that.' Once again, she related this to her dad: 'I think the way my dad has worked his way up, it's like, you earn it, and if you don't earn it you don't appreciate it. If you don't appreciate it you don't respect it, and if you don't respect it it's gone.' Interestingly, both Lucy and her mum relied on state benefits at some points in their lives. She positioned both herself and her mum as people who deserve support, the type of people that the welfare system was designed to help. Her mum started a business that went bankrupt during the recession, and she relied on state benefits for 18 months. Whilst benefits claimants were positioned as greedy and work-shy elsewhere in her narrative, Lucy positioned her mother as someone who did it 'right' (my emphasis):

> And she was, *she was different*, bless her, she got up at seven every morning. She said, I'm not becoming lazy. She started volunteering, and from her volunteering and being proactive, she actually got a job through them. How hard she worked, she got a job.

Lucy suggested her mum was in the minority as a person who worked hard whilst she was on benefits, and took all of the opportunities available to her to gain employment. Similarly, when she was unemployed and looking for work, Lucy initially refused to claim Job Seekers' Allowance 'because of the stigma.' Her girlfriend convinced her that people like Lucy are 'what the system's there for.' She claimed Job Seekers' Allowance for four weeks and found another job, rather than becoming 'complacent.'

Her belief that the welfare system will support those who really need it is an expression of the 'deserving vs undeserving poor' trope, historically used to differentiate between hard-working poor who deserved support, and the feckless poor (Skeggs, 2004, 1997; Todd, 2014). Its contemporary deployment can be found in the rhetoric of 'strivers and skivers' which was a heavy feature of the Conservative Party's 2012 conference (Jensen, 2014a), and who later went on to win the 2015 general election on a platform of austerity. Lucy echoed this rhetoric: 'working-class people don't see what they could achieve ... [e]veryone's just born, you can achieve whatever you want.' She expresses the belief that if you are hard-working, you deserve support and can succeed. In contrast to people who let class 'define what they should achieve,' Lucy emphasised the value of self-responsibility and aspiration.

However, whilst Lucy reproduced classed stigma through her narratives of responsibility and aspiration, she does not do this in order to constitute herself as entirely different from these irresponsible figures. When she spoke about her two abortions, Lucy expressed the fear that she had *failed* to be responsible. For example, her first pregnancy was a result of cheating on her girlfriend by having a one-night-stand, and she initially decided to continue the pregnancy before later changing her mind. Lucy recalled with embarrassment the moment she had to let people know she had decided to have an abortion rather than carry her pregnancy to term: 'I had to get my friend to lie to people, because I couldn't tell them what I'd done. I think I was so mortified with myself…So my friend told everyone I'd had a miscarriage.' The stigma she feared would be directed towards her made her feel unable to tell people she had changed her mind, even though she suspected that many of her friends guessed what had happened. 'It just made me look really bad, and I've always been, like, good (laughs) and it's just this one thing that made me look really awful and I just couldn't handle it,' she said. Similarly, her second pregnancy, a result of rape (as discussed in Chapter Three, 'The abortion interview as therapeutic,' p. 92), made her feel

embarrassed and ashamed because she felt that she should not have been drunk enough for it to happen: 'I shouldn't be in those situations. I shouldn't have allowed it to happen.'

Whilst her two abortions were moments in her life story she felt uncomfortable or even ashamed about, because they stood as examples of failures to be responsible, she presented these as exceptions to her good, 'true' self. She was at pains to point out that her one-night-stand was out of character: 'I don't know, I don't even like sex, I don't know why I did it (laughs). I don't, I find it weird. Yeah, I'm a bit of a prude.' Similarly, whilst she blamed herself for her second pregnancy, she still struggled to fathom her actions: 'it makes me feel like I wasn't there, does that make sense? Like, someone was controlling my actions, because I wasn't.' She narrated both her abortions as moments that prompted her to change her circumstances and improve her life, for example, of her first abortion she said, 'it was a moment of clarity, like, what good needs to come out of this? OK, that's shit, but what have I learnt from it, or what can I do from it?' She also positioned having abortions both times as the responsible option, contrasting it with people who 'have children for the wrong reasons, and people [who] have kids because they think they should, or they think they shouldn't have an abortion.'

Lucy's story was the most explicit example of distancing and differentiation using classed figures and stereotypes. Whilst they reproduced class stigma, they also indicate how thoroughly Lucy internalised the imperative to 'be responsible,' and to continually improve and reinvent herself. Her responses to both of her abortions, to take stock of her life and improve it, were governmental 'technologies of the self' which Foucault argued individuals used to transform 'bodies and souls, thoughts, conduct, and way of being' in order to be better neoliberal citizens (Foucault, 1977). Her experiences should be seen in context of growing up in an upwardly mobile, working-class family who underwent a period of hardship during the recession. This period of recent British history was marked by the crafting of an 'anti-welfare common sense' (Jensen, 2014b) during which the poor and benefits claimants were rhetorically positioned as lacking aspiration and work ethics, rather than being structurally disadvantaged. This attitude permeated Lucy's narrative, prompting her to differentiate herself from these 'abject' working-class figures through 'taking responsibility' for her pregnancies and subsequent abortions. Her narrative stands as an example of the way in which

contemporary class stigma can be reproduced through abortion narratives characterised by the rhetoric of distinction and differentiation.

'They don't even think'

Whilst Lucy's narrative was explicitly classed, there were other, more ambiguous engagements with responsibility and class in the narratives of other women, as well as outright challenges to classed and gendered stigma. Heidi's story is an example of the latter. In deciding what to do after she found out she was pregnant, she briefly considered having the child and giving them up for adoption, but felt this was irresponsible: 'if you have a kid you are responsible for it, that's what I believe. It's never ideal to give it away, and it's not the kinder thing to do at all.' Her view of herself as responsible was tested by the experience of discovering she was pregnant and having an abortion, as it violated the assumptions that if she did everything 'right' – used contraception, for example – she would never have to deal with an accidental pregnancy.

After going to a local clinic to confirm she was pregnant, she recalled being offended at the doctor's suggestion that she be given a chlamydia and gonorrhoea test, telling the doctor 'I'm really careful,' and that she would never risk having unprotected sex. Despite the doctor's insistence that she get tested, since the condom she and her partner used must not have worked, Heidi could not disentangle the idea of unintended pregnancy or contracting an STI from the possibility of blame. In retelling this encounter in the clinic, she described emphasising how responsible she was when it comes to sex. She told the doctor, 'I've never had chlamydia in my life, I've never had an STI, there's no point in testing me, I'm really careful,' and 'I really don't put myself at risk.' Her anxiety around this possibility of judgment and blame was assuaged by her partner's reassurance that she, unlike many other women, was thoughtful and responsible (my emphasis):

> Michael actually said, in some ways, you are a good parent, cause you know that you couldn't be, and *most people, they get pregnant, they don't even think, they just have it*. They don't think about who they are or what they can offer, what it's actually like, gonna be good. And you did, you knew it wasn't right and you were worried that you'd damaged it, and *you worried about things that most people don't even consider at all*. That shows you can be responsible, it just wasn't right. So don't be too hard on yourself.

This is arguably another example of 'stigma transference' (Cockrill and Nack, 2013) to abstract others, who Heidi and her partner imagined themselves to be different from. Whilst differentiating herself from women who 'don't even think,' Heidi may not be explicitly making a classed judgment, but the language she used is strikingly familiar to coded classed language around reproduction. As discussed in Chapter Two ('Stratified reproduction outside the abortion clinic,' p. 56), previous research that has examined the discourses employed by medical professionals in family planning clinics and teenage pregnancy units reveals the same covert mobilisation of class to distinguish responsible from irresponsible women (Arai, 2003; Greene, 2006; Hawkes, 1995). For example, Arai notes that young motherhood for women of low socioeconomic status is understood in policy discourse as a result of ignorance about contraception rather than a conscious desire to become a mother, despite accounts from these young mothers that suggest otherwise (2003). The idea that poor or working-class women 'don't even think' when it comes to contraception and having children has been identified as a feature of family planning professionals' discourse, for example the idea that women in 'deprived' areas 'want [contraception] they don't have to think about' (Hawkes, 1995: 266). The same judgment was identified when these professionals talked about women having children; women who were not middle-class and wanted children were positioned as unthinking and irresponsible, their desire to have children being a whim that was compared by one doctor to wanting a dog or cat (Hawkes, 1995: 267).

Heidi elaborated on her frustration with women who 'don't think' by giving the example of a friend who had had multiple abortions. She described her as using 'abortion as birth control,' becoming pregnant three times over three years and having an abortion following each pregnancy. Heidi said that she 'never judged her for having the abortions,' but did assign clear moral values to her friend's behaviour, lamenting that 'she wasn't very in control of her sexual health' and that she 'didn't treat herself with any self-respect.' Despite not wishing to judge her friend for her abortions, she offered this example as an implicit contrast to her, more respectable, abortion story.

Heidi's comments can also be interpreted as covertly mobilising class to differentiate herself from other, irresponsible women who 'don't even think.' They also demonstrate that for Heidi, the decision to have an abortion was imbued with moral weight that she struggled to carry alone. Implicit in Heidi's discussion of other women who 'don't even think' is envy that she *does*. She described agonising over the decision, balancing her

responsibilities to herself, her partner, and the potential child, and finding no support in her partner who she 'fought with' constantly, and who made her feel like 'fine, I'll just deal with it myself then, fine, if you don't want to be involved, yeah, it's just my problem and no-one else's, fine.'

Heidi reflected on this envy she felt with a second example of another one of her friends who, at the time Heidi discovered her own pregnancy, had been having unprotected sex with her partner for months. 'They didn't get pregnant and I did, and I was livid that it was me and not them, that they got away with it.' However, they did not 'get away with it,' as they discovered soon after Heidi had her own abortion that her friend was indeed pregnant: 'so I don't think anyone gets away with it, it catches up with you. And when I heard I felt so bad for her. Maybe I shouldn't have been so judgmental and jealous that they got away with it when I didn't, cause it's all different isn't it.' Heidi's identification of this resentment as jealousy points to a function that the 'irresponsible woman' figure plays in these abortion narratives. They act not only as a way to differentiate the speaker from stigmatised behaviour and therefore moral standing, but also as a scapegoat for the frustration and sense of injustice these women feel that they did everything 'right' yet still ended up pregnant and needing an abortion.

There were other examples in other interviews of resistance to this type of distancing and differentiation between responsible and irresponsible women. Jackie reflected on the fact that before it happened to her, she did not believe that women could easily get pregnant 'accidentally': 'I always thought this, that people who get pregnant by accident and keep their babies, I used to think, there's definitely some complicity there. I used to say to myself, I don't wanna get pregnant, so I don't get pregnant. Now I can't say that anymore.' Anja also felt this way before her own abortion: 'I thought I'd just be careful and have a baby when I wanted, then that's it.' Having become pregnant accidentally prompted them both to reflect on this judgment, concluding that accidental pregnancy was not necessarily a result of insufficient responsibility.

Karen gave a nuanced reflection about when these moments of responsibility take place and can be negotiated during sex, prompted by my question of whether there were any reasons for abortion she would find hard to accept. She thought carefully about my question, and asked what kind of scenarios I had in mind. I gave the example of Heidi's frustration with her friend, who she viewed as someone using abortion as contraception,

and Karen was quick to indicate her disagreement with this sentiment. 'I would disagree with that,' she said, 'I don't think there are many women out there doing that.' She reflected on the discourse surrounding teenage pregnancies, and the tendency to 'demonise working class women for not being responsible,' especially around the issue of contraception. '[T]hat moment when you're having sex with somebody, it's not this clear moment really or a rational process when you decide whether or not to use contraception, it's so complicated and there are all sorts of other things going on about yourself and your relationship with that other person,' she said, drawing on her own experience with her previous partner. 'So that's what you're saying about women who just use it as a form of contraception, I just don't think those women exist to be honest.'

Karen's statement was a strong condemnation of the tendency to construct figures of irresponsibility when it comes to reproduction, who are often coded as working-class. Her assertion that 'those women' – the irresponsible 'other' against which one might constitute oneself – do not exist is an example of the moments of struggle and resistance which Tyler has argued are central to class (Tyler, 2015a). Drawing on Jacques Rancière's work, Tyler argues that 'the sociology of class should be grounded not in the assumption and valorisation of class identities but in an understanding of class as *struggles against classification*' (Tyler, 2015a, p.493, emphasis in original). Karen describes her own class position as 'precarious,' having come from a working-class background before going to university and becoming an academic. Her resistance to the assignment of negative moral value to working-class bodies is a moment of talking back to the discourses she has a complicated relationship to, such as 'the working class have a lack of aspiration, or bad taste, or don't have the right orientation to things, don't think in the right ways, are irresponsible.'

Thus, in the narration of the 'responsible' abortion story, there were examples of explicit class antagonism whereby discourses of the immorality and reproductive irresponsibility of 'other' – working-class – women were mobilised in opposition to the responsible self. However, there were also examples of more ambiguous engagements with responsibility and class, including outright resistance to dominant discourses that some women recognised as damaging. Accounts like Karen's complicated the issue of responsibility and responsibilisation, and in particular drew attention to their gendered aspects. Gender is notably absent from Foucault's theorisation of responsibilisation and self-governance (as Pylypa, 1998; Rabinow and Rose, 2006 have noted), but in their

accounts of sex, pregnancy and abortion, the women in this study repeatedly drew attention to the gender politics of reproduction and responsibility.

The gendered burden of responsibility

Cockrill and Nack in their work on abortion stigma have argued that there tends to be a narrow focus in policy and research around individual women's 'justifications' for abortion, which they argue 'fail to disrupt the narrow constructs that fuel individual experiences of stigma' (2013, p.988). 'A longer-term strategy,' they write, 'will seek to problematize the expectations placed on women and deconstruct stigmatizing labels such as ''good mother'' and ''irresponsible''' (p. 987). However, it is clear from the interviews gathered as part of this study that this is not only the task of researchers and policy-makers; women who have abortions are already doing this in their discussions about their experiences. In this section, I explore the reflexive accounts several women gave of the highly gendered expectations of responsibility for reproduction they felt subjected to, arguing that these are not only expressions of a historical expectation women have been subjected to for decades, but also demonstrate new forms of responsibilisation.

Felicity talked extensively in her interview about her frustration with her partner after she gave birth to their daughter. Ana was Felicity's third child, who she had delivered via caesarean section after a difficult labour; in her late thirties, and recovering from major surgery, Felicity found it exhausting to look after Ana, even with her help of her partner. Not long after giving birth to Ana, Felicity became pregnant again accidentally when her partner ejaculated inside her. She had an abortion, feeling too exhausted to go through another pregnancy so soon after giving birth to Ana. Her experience during this abortion was a difficult one: after deciding to have a medical abortion, Felicity had to return to the clinic after the pregnancy did not pass completely. She had a surgical procedure to complete the abortion, but did not opt for general anaesthetic after a traumatic experience with her first birth; she described her fear of allowing doctors to have complete control over her. As a result, she had the surgical procedure awake, which was very painful, and she struggled to forgive her partner. 'I was essentially really pissed off because he came inside me,' she said. 'Maybe I didn't want to take the responsibility myself for not having gone to get the morning after pill,' she reflected, before concluding, 'I definitely felt like, we always have a conversation that he

generally won't be coming inside me. So I really hated him, that it was his fault. He got off his head and just let go of responsibility that we'd discussed.'

This burden of responsibility Felicity felt was unjust – 'It's kind of easier for guys. They don't have to carry them, breastfeed them, you know' – and extended beyond the physical burden of pregnancy and childbirth and into the social realm. 'Maybe it's a generalisation, but mum seems to know everything that's happening in the schedule, all the extra classes, and takes them there, and dentist appointments and passports and all that,' she explained. In other words, mothers are the ones expected to do the majority of domestic and emotional labour when it comes to raising children, and this was not something she felt she could put herself through so soon after having her daughter. Felicity drew attention to the pressure to internalise responsibility for not having gone to get the morning after pill herself, before challenging this with an analysis of motherhood as labour, both physical and emotional.

Lisa was even more explicit than Felicity in locating the gendered burden of responsibility in the structural rather than the individual, offering a historical argument that '[since] the pill became available and women could control their fertility to an extent, it's now become completely a woman's responsibility.' She noted that if anything goes 'wrong', for example, an accidental pregnancy, then it is 'completely your fault, because…now you've just shown you really can't be trusted to control your own fertility, and probably you should give it back to the men now.' She concluded that the cause of these unequal gendered expectations is 'patriarchy (laughs) ... There is no place in this world for women who don't want to be mothers, really. Realistically, you are still aberrant and weird [if you reject motherhood].' In her everyday life, Lisa explained she openly talked about her abortion and her lack of desire to have children in order to open up discursive space for this 'aberrant' way of being in order to normalise the idea that 'women [are] autonomous beings who have other shit in their lives they want to do other than just churn out babies.'

Similarly, Karen talked about her awareness after her abortion that she may want children later in life, and how she might balance that with her career. 'I've made sacrifices that means that potential of having a child is, you know, somehow will prevent that a bit,' she said, but resisted the individualisation of responsibility for this. 'I don't know how to feel about that guilt or regret in a really individualised way,' she

said, 'because it's very much about what's happening on a broader level in our society, and it's not just this individual choice,' citing the contemporary lack of support for women under pressure to have children whilst maintain a successful career at the same time.

Felicity, Lisa and Karen all drew explicit attention to the mechanism of responsibilisation, that 'mode of subjectification' that Foucault argued was one dimension of biopolitics (Foucault, 1978; Rabinow and Rose, 2006), and Lisa and Karen also linked this mechanism to the contemporary context of austerity and withdrawal of state support. These moments of resistance and critique of structural forces acted as counterpoints to other women's accounts of the internalisation of blame for accidental pregnancy and abortion, offering ways in which this dominant understanding of gendered responsibility for reproduction might be resisted. It is important to note, however, that whilst not every women actively displayed resistance to responsibilisation in their interviews with me, they were still often engaged in strategies to navigate abortion stigma that required energy and support.

The frustration and fatigue that the individualisation of responsibility for reproduction produced in these interviews spoke to wider issues of gendered and classed 'responsibilisation'. As argued throughout this thesis, the narratives of the women in this study are contextualised by a broader neoliberal project which explicitly and implicitly sets the terms of successful citizenship as individualised success in the 'market' – and in neoliberal states, the market encompasses every area of social life (Foucault, 2008; Lemke, 2001). Under this logic, women making reproductive decisions are weighing up their choices as cost-benefit analyses (Shahvisi, 2016), and the importance of abortion as an *individual* and *private* decision is an integral part of how abortion is understood in law and medicine in the UK (Sheldon, 1997). As a result, women experience a heavy burden of responsibility when it comes to making potentially difficult decisions about whether or not to continue pregnancies.

In their interviews with women in the US, Kimport et al. noted that '[w]omen in this study felt the bulk of responsibility for pregnancy and abortion, often recognizing how childrearing duties would fall on their shoulders, while many of their partners felt no responsibility for the pregnancy' (2011, p.108). Their analysis suggested that whilst feeling that the decision was primarily hers was an important factor in preventing

women's 'emotional difficulty' following an abortion, the authors also stated that 'the wish for decisional authority *is not a wish for decisional isolation'* (2011, p.108, emphasis mine). They finish by arguing that 'as a society, we need to find better ways of allocating these responsibilities.' This call for a redistribution of reproductive responsibility is certainly pertinent to the experiences communicated by the women in this study. The effect of pervasive, *in*vasive technologies of governance and discipline that subjectify responsibility for reproduction is to produce 'docile bodies', rendered more easily governable by being held in a state of uncertainty and constant competition for 'deservedness' (Foucault, 1978; Tyler, 2013). As Walkerdine et al. argue, governance of 'potentially unruly or disaffected subjects' is enabled in neoliberal societies through the promise of 'self-invention through a discourse of limitless choice' (2001, p.3); in this way, the fatigue and frustration of women carrying the burden of reproductive responsibility can be subsumed under discourses of choice, autonomy and reproductive control. However, as the analysis in the above section demonstrates, there were moments when women challenged and questioned this subjectification of responsibility, opening pockets of resistance and subversion.

Opening new discursive spaces

One of the ways the reframing of responsibility for reproduction was achieved in these narratives was through some women's accounts of their relationships to the pregnancies they had chosen to end. These complex accounts transcended the tension between responsibility to the self and responsibility to the other, as the pregnancies were understood as occupying a spectrum between these discrete positions. In particular, these accounts emphasised compassion to both the self and the pregnancy, and the idea of 'honouring' the pregnancy that was coming to an end. I argue that these accounts offer a radical reframing of reproductive responsibility, as they do not fit comfortably within either pro-choice or pro-life discourse. Instead, they present new subject positions for women to occupy which do not enforce either an understanding of the foetus as a separate entity with rights, or a medicalised understanding of pregnancy as a biological event devoid of sentiment.

It has been argued that a key feature of pro-choice discourse is the discursive separation of the woman and the foetus (Ludlow, 2008). Attempts to undo this separation by examining the possible relationships between woman and foetus in the context of abortion are met, Ludlow has argued, with scepticism and suspicion by the pro-choice

movement (2008). The constantly reinscribed position is that of rupture between the woman and the foetus, because it is the woman, pro-choice discourse argues, who should be at the centre of abortion discourse as a whole. In contrast, pro-life discourse centres the foetus, arguing for its right to personhood, and therefore the pregnant person's responsibility to nurture it.

Both of these discourses locate responsibility in the individual – the mother. Indeed, as I have argued above, many women did talk about the responsibility they felt towards the future potential child that might result from their pregnancy as a way to 'legitimise' their abortion decisions, and Lucy's life story ('Classed distinctions,' p. 129) is a particularly clear example of the individualisation of responsibility. However, some women offered complex accounts of their relationships with their pregnancies which did not conceive of the self and the foetus as separate entities, and subsequently opened a new discursive space within which the idea of compassion and 'honouring' the pregnancy replaced discussion of responsibility.

Several women drew on medicalised discourse to describe their pregnancies, and sometimes their political view of abortion. Izzy described herself variously as 'blunt,' 'numb' and 'unemotional' when it came to her pregnancy and abortion, expressing some embarrassment that she was largely curious about seeing the foetus when it came to her appointment at the clinic: '[The doctor] said, do you want to see the scan? I said yeah, and I remember laughing and asking if that was weird, I thought she might think I'm a weirdo for wanting to see the baby I'm about to abort. But she said no, some people find it helps. Which I think it did. I was like, where is it?' She tentatively drew upon the idea of scientific understandings of the foetus to explain her lack of emotional attachment to her pregnancy, saying 'It doesn't have any, maybe scientific, it doesn't have feelings. I see it as a thing, not as a living life, which is maybe why I'm so detached from it. To me it's not a living thing that you're aborting.'

Violet demonstrated a firmer deployment of medical discourse to express both her experience but also her anger at people who would contradict her by asserting the rights of the foetus:

> Like, oh what about the rights of the unborn child? What, this piece of tissue that's still part of my body? […] Again, maybe that's just about my values, but for me a baby's a baby once it's born. When it's not part of my body anymore and it's living and breathing on its own, it's a baby. But when it's like a little

> ball of cells or whatever, it's a ball of cells, not a baby. Maybe that's just because how I view life, but. It's my tissue and my body, just like my cellulite is and the roll of fat around my stomach is part of me.

For her, the medical description of the foetus or embryo as a 'ball of cells' and therefore as much part of her as any other group of cells in her body was the most salient, and precludes an identification of the foetus as a 'baby.' Her understanding of her pregnancy also complicated the idea of the foetus as a separate entity, as she understood it to be 'part of me.'

Elizabeth, in contrast, displayed more ambivalence. She felt that her decision to have an abortion was not an entirely free one; the father was a married man who did not want her to continue the pregnancy, and her parents also advised against it. She felt unsupported and unsure, and subsequently sought counselling after the abortion. One thing her counsellor advised was to stop referring to a 'baby,' and instead think of it as an 'embryo': 'She said, it's like it's grown. It's grown in your imagination into a baby or a person, when it was never a person, it wasn't a person.' Her counsellor's advice to her to shift her language from 'baby' to 'embryo' or 'pregnancy' was a compassionate attempt to help alleviate Elizabeth's negative feelings about her abortion, even though her 'slips', when she thinks of or talks about the pregnancy as a baby or child, are not incompatible with the scientific categorisation of the embryo (after all, parents in early pregnancy who are carrying to term might refer to their embryo as a baby and not be contradicted). However, the social meanings surrounding these two modes of understanding the foetus make them difficult for her to hold simultaneously without revisiting her decision and wondering whether she did the right thing.

This type of ambiguous relationship to pregnancy was more common in the women's interviews than an entirely medicalised understanding. The concepts of compassion and 'honouring' the pregnancy came through strongly in the narratives of several women, who, whilst not seeing the foetus as entirely alive or independent from themselves, also did not understand the foetus as simply a 'ball of cells.' For example, Heidi felt immense guilt that before she realised she was pregnant she had drank alcohol and smoked cigarettes. Despite the fact that she decided almost straight away that she was going to have an abortion, she was worried that she might have 'damaged' the foetus. She described talking to it one day:

> I said, I'm sorry, I'm really sorry. If this were under different circumstances I would have you, but not now. It's not the right time. If I'd known I wouldn't have drunk, I would have treated you a lot better. But I can't do it, I'm sorry.

As a result, the routine scan during her consultation at the abortion clinic offered a chance to assuage this guilt. Viewing the photos from the scan and confirming that the foetus was healthy and 'normal' was reassuring, and it also helped Heidi feel certain in her decision: 'I just felt really relieved after I'd seen it, that actually, I knew, yeah, there's no attachment, I don't feel anything for it, I know I'm doing the right thing now, I totally know, it's totally good.'

Rebecca also described an ambivalent relationship to her pregnancies. She had had two abortions, both of which she had commemorated with a tattoo. Whilst she did not feel any guilt or uncertainty that she had made the right decision in both cases, she also did not think of the foetus as lifeless:

> I feel like it's, I dunno, it's a life, even though it's not a life in the sense of, you know. Yeah. It shouldn't just be forgotten about… Particularly the one with my boyfriend, because that, you know, if one day we have children, that was one of them, in a way.

She struggled to find the right language to express her understanding of the pregnancies as both babies and not-babies, as lives but not-lives.

Jackie also struggled to articulate her relationship with her pregnancy:

> It's very difficult to, I found it quite difficult to think about how to think about it. It was easiest for me to think of, you know, I love you. And just putting my hands here (resting on her stomach) and saying, I love you. Because it was myself.

She described a complex understanding of the pregnancy as a 'process' that occupied an ambivalent place on the spectrum between the self and the other, alive and not-alive:

> I didn't feel like I was killing anything, but I was ending something that would otherwise have ended very differently, in a life. I know a lot of people would argue, well, life's already started immediately, and of course it has, but I saw it more as a process.

Her experience of pregnancy is of being a 'source and a participant in a creative process,' as (Young, 1998) describes pregnant embodiment, 'she *is* this process, this change' (p. 54).

Central to Jackie's relationship with the pregnancy was kindness and compassion. Despite not wanting to be pregnant, and feeling very sick in the days before the

abortion, she emphasised that she had no negative feelings towards the pregnancy. 'It's not that I'm bad or you [the foetus] are bad or, I don't feel angry, I don't feel annoyed, I don't feel upset about being pregnant. I just am.' I asked about choosing between the surgical method versus the medical method, and this was the only moment in our interview when Jackie became upset:

> I didn't fancy the idea of, I don't like the idea of miscarrying into a toilet. It feels really horrible, you know. I felt like, that's not (pause). (Begins to cry). Sorry. [...] I thought, you're not going to end up in a toilet. This is not, that felt horrible, that idea. No, that's not what you are.

Her commitment to 'respecting the whole experience' of being pregnant was a radical reconceptualization of responsibility and self-care: on one hand, she felt a responsibility to end the pregnancy in an appropriate way, and on the other, she could not separate the pregnancy from herself. Young (1998) describes the pregnant subject as 'de-centred, split, or doubled,' who 'experiences her body as herself and not herself' (p. 46). Whilst Young is describing the experiences of women with wanted pregnancies, or at least women who intend to carry their pregnancies to term, it is clear that this experience can also apply to women who have decided to end their pregnancies.

This also speaks to feminist discussion of moral frameworks, for example Carol Gilligan's work on the 'ethic of care.' Gilligan argues that abortion presents women with a difficult choice because it requires them to be assertive about their individual needs, which contradicts the societal role of women as self-sacrificing and passive (Gilligan, 1982). She argues that women's discussion of the idea of responsibility when it comes to abortion exposes the male-centric nature of previous work on moral reasoning, which frames adulthood as featuring 'independent assertion in judgment and action':

> While society may affirm publicly the woman's right to choose for herself, the exercise of such choice brings her privately into conflict with the conventions of femininity, particularly the moral equation of goodness with self-sacrifice. Although independent assertion in judgment and action is considered to be the hallmark of adulthood, it is rather in their care and concern for others that women have both judged themselves and been judged. (p. 70)

Gilligan notes the limited subject positions the 'feminine voice' can acceptably occupy means that women can struggle to achieve a resolution to the problem of unwanted pregnancy which both asserts their own needs and makes sure that 'no-one is hurt.' She sums up the dilemma thus: '[n]ow she is asked whether she wishes to interrupt that

stream of life which for centuries has immersed her in the passivity of dependence while at the same time imposing on her the responsibility for care' (p. 71).

Gilligan concludes, using data from her own interviews with women who have had abortions, that the only useful resolution to this dilemma is to reject the binary between care for the self – which is often interpreted as selfishness in women – and responsibility for others by understanding the self and others as interdependent (p. 74). She gives the example of one participant, Sarah, who during the course of her interviews 'reconsiders the opposition between selfishness and responsibility' that she had earlier invested in, 'realising that this opposition fails to represent the truth of the connection between the child and herself' (p. 118).

The types of relationships to their pregnancies that Jackie, Rebecca and Heidi describe operate in a similar way. They represent the type of abortion story that still, thirty years after Gilligan, remains difficult to express. Their accounts of their pregnancies do not comfortably fit within pro-choice discourse or pro-life discourse; as discussed in Chapter Two ('Competing frameworks,' p. 38), the former tends to conceptualise the foetus in highly medicalised terms, whereas the latter tends to attribute full personhood to the foetus. The philosopher Jacques Rancière defined as 'politics' a phenomenon which 'makes visible that which a social order wishes to render invisible, and it does so in such a way that it does not just "add" to what is already given. Instead, it undermines the purity of the given' (Chambers, 2011, p.305). In this sense, these accounts acted as a political rupturing and troubling of the concept of 'responsibility' and offer an answer to Cockrill and Nack's call for discussion of abortion which 'disrupt the narrow constructs that fuel individual experiences of stigma' like the 'good mother' or the 'irresponsible woman' (2013, p.988).

Conclusion

In conclusion, in response to abortion stigma, many women emphasised how their decisions were responsible, rational, and compassionate. In doing so, implicit 'others' were constructed, and some of the women in this study– who mostly have some degree of class privilege – reproduced discourses of classed judgment and stigma. However, in their reflexive accounts it became clear that these women constructed these figures partly as an expression of their frustration with the gendered burden of reproductive

responsibility. Discursive space was also opened for accounts that transcended this binary of responsibility and irresponsibility, and these offered examples of how reproduction of stigmatising discourse can be ruptured or subverted.

The biopolitical mechanism of the subjectification of responsibility was internalised by several of the women I spoke to, but was also pointed out and critiqued by several others. This resistance to the isolation of the individual abortion decision, driven by the gendered assignment of responsibility for reproduction to women, was also a resistance to the diffusion of collective responses to inequality, a central tenet of neoliberal statecraft (Tyler, 2013). The explicit critiques several women had of the ways in which class is covertly mobilised to justify the ideological scapegoating of certain 'types' of women who make 'irresponsible' reproductive choices were disruptive and political (in the Rancièren sense), challenging what is 'given' or 'common sense' (Jensen, 2014b).

What these narratives also indicated was that the issue of responsibility for reproduction and abortion was always playing out against the backdrop of abortion stigma. Internalisation of responsibility for accidental pregnancy, for example, was explicitly accompanied for many women by acceptance of discourses that positioned accidental pregnancy as a moral failing. Women who described taking great pains to present a 'socially acceptable' abortion story were engaged in discursive work to avoid stigma, and those women who chose to talk openly about their abortions identified their motivation as a commitment to challenging stigma. Therefore, it is to this final theme that I now turn.

Chapter Six: Stigma and Punishment

In previous chapters, I argued that middle-class women – especially young middle-class women – were able to use discourses of precarity to 'legitimise' their abortions, and to locate their experience within the familiar middle-class script of delaying childbearing. However, being young, middle-class and delaying their childbearing through abortion did not protect them from stigma. The fear of 'letting the family down' was shared by several women from middle-class or aspirational families, and they felt that their status as 'good women' or 'good daughters' would be threatened by disclosing that they had had abortions. In this chapter, I examine this fear of loss of status, and the regulatory practices that these women engage in in order to maintain it. In particular, I examine the decision some women made to experience the painful aspects of abortion as a form of penance or punishment, and contextualise it within the landscape painted through many women's narratives of stoicism and acceptance of pain as an inherent part of womanhood. I argue that the confluence of abortion stigma, the injunction to self-regulate, and this societal construction of womanhood as biologically painful can produce extreme regulatory practices.

Theorising stigma

As discussed in Chapter Two ('Formations of abortion stigma,' p. 45), sociological work on stigma is heavily influenced by Erving Goffman's conceptualisation of the concept in *Stigma: Notes on the Management of Spoiled Identity* (1963). Goffman defined stigma as a discrepancy between a person's attributes and the attributes we expect a 'normal' person to have; if it becomes clear that a person does not live up to this normative expectation, they are no longer a 'whole or usual' person, but a 'tainted, discounted' one (p. 2). His work emphasises the relational nature of stigma, focusing particularly on moments of 'mixed contact' between the stigmatised and non-stigmatised in order to theorise its formulation between individuals (p. 12).

This is certainly an issue of concern to those who have had abortions. A great deal of previous research on abortion stigma has followed Goffman's lead in focusing on stigma as it arises in one-to-one interactions between people, or a person's assumption that they will be stigmatised if they revealed their abortion to someone in conversation (e.g. Cockrill and Nack, 2013; Hoggart, 2017; Shellenberg et al., 2011). Goffman's work is useful in its exposure of stigma as something socially ascribed rather than

inherent in the individual, and its focus on the strategies of concealment and 'passing' that stigmatised individuals use in order to negotiate these processes of ascription.

However, Goffman's work lacks a theorisation of the structural, which more recent work on stigma has sought to include. For example, Link and Phelan (2001) argue that stigma requires a context of social, economic and political power which 'devalues and differentiates' the stigmatised party: 'power' they argue, 'is essential to the social production of stigma' (p. 375). This conceptualisation of stigma as not only interactional but also a product of unequal power relations in wider society is mobilised in Kumar et al.'s (2009) theorisation of abortion stigma as 'a negative attribute ascribed to women who seek to terminate a pregnancy that marks them, internally or externally, as *inferior to ideals of womanhood*' (p. 628, my emphasis). They begin from Goffman's conceptualisation of stigma as a process of ascription and marking, but also identify that it is gendered social structures that define normative womanhood and provide the unequal power relations required to stigmatise.

This mobilisation of stigma is paired in this chapter with a consideration of the tools of regulation and control that the women in this study were subjected to and enacted on themselves. To do this, Foucault's concept of 'technologies of the self' is mobilised, developed from its use in the previous chapter as a mechanism of the subjectification of responsibility, by considering technologies of the self as mechanisms of stigma and classed, gendered embodiment. Foucault argued that the modern nation state has developed 'numerous and diverse techniques for achieving the subjugations of bodies and the control of populations' (Foucault, 1978, p.140). Technologies of the self are one such technique which 'permit individuals to effect … operations on their own bodies and souls, thoughts, conduct, and way of being, so as to transform themselves in order to attain a certain state of happiness, purity, wisdom, perfection, or immortality' (Foucault, 1988, p.16). This is recognised in this chapter as disciplinary, productive power that produced the desire in the women in this study to invest in technologies of the self to regulate their bodies in order to be 'good' or 'respectable' middle-class women.

Thus, this chapter is framed by Kumar et al.'s conceptualisation of abortion stigma (through the work of Goffman) as 'a negative attribute ascribed to women who seek to terminate a pregnancy that marks them, internally or externally, as inferior to ideals of

womanhood' (p. 628). The chapter explores in particular how certain types of middle-class womanhood are positioned as ideal in these abortion narratives. Furthermore, the chapter examines the self-regulatory practices or 'technologies of the self' the women in this study enacted in response to abortion stigma, and their relation to the constitution of the middle-class, feminine subject.

Experiences of abortion stigma

There were many examples in interviews of women experiencing stigma for having had an abortion. As well as abortion stigma being often theorised using symbolic interactionist frameworks like Goffman's, Gregory Herek's (2009) typology of stigma is also widely used. Herek's typology includes *internalised stigma* in which the individual accepts negative valuations, *felt stigma* in which the individual anticipates others' attitudes towards them will be negative, and *enacted stigma* in which others commit actions towards the individual which reveal prejudice against them (examples of abortion stigma research which uses this typology include Cockrill and Nack, 2013; Hoggart, 2017). This typology directs analytical focus to relations between people rather than necessarily the social structures that produce negative valuations of particular attributes. Nevertheless, this typology is useful in delineating the distinct modalities of stigma often expressed by women interviewed about abortion. In Chapter Five, my analysis of responsibility as it appeared in my participants' narratives was largely an analysis of the first modality, internalised stigma. Here, I wish to address the remaining two modalities of enacted and felt stigma, before moving on to consider the social structures and technologies of power that make the conditions for abortion stigma possible.

Enacted stigma

There were few examples of enacted stigma – explicit or subtle negative (re)actions from others – in the narratives of women in this study, which is perhaps indicative of England's relatively liberal attitude to abortion (Park et al., 2013). However uncommon they were, moments of enacted stigma produced strong reactions in the women who were subjected to it, often prompting feelings of anger, outrage and, in some cases, guilt. For example, Izzy gave two examples of moments when abortion unexpectedly came up in conversation with friends, in which she calmly revealed she had had one herself. In one conversation with friends who she described as 'quite religious', she

'shocked' them by disclosing her abortion in a 'blasé' manner; in the other, she intervened on behalf of a friend who was deciding what to do after finding out she was pregnant. Izzy described one of her friends reacting strongly: 'her reaction to her was, you can't get rid of it, you're 24 years old, you can look after a baby.' Izzy countered with, 'well, she can, if she wants to get rid of it it's completely up to her.' Neither of these moments particularly affected Izzy in a negative manner, apart from feeling outrage on behalf of her pregnant friend.

This was not the case for Elizabeth, who confided about her abortion to a work friend who had talked openly about her experiences with miscarriage. Elizabeth had found the decision to have an abortion hard to make, and still felt some guilt about it; her work friend wrote down a website that she said she had found helpful after her miscarriages. 'She wrote it on a post-it note and left it on my desk with some kisses on it,' said Elizabeth, but when she looked, it was a link to an anti-abortion website. 'It was like, you know, you shouldn't bear the sole guilt of the decision to have an abortion, because everyone else involved is just as guilty,' Elizabeth said. 'You should have a ceremony and name the child, and everyone should say they're sorry, etc. etc. I was so upset about this.' The experience left her shaken, and she was more 'careful' in future about who she disclosed to: 'sometimes I half tell people, that I lost a baby. Because I want people to know that, but they might be judgemental if they knew I had an abortion, so I sort of half tell them.'

Two women, Heidi and Rebecca, described encounters with anti-abortion protestors either at the time of their abortions or soon after. Rebecca was approached by a protestor as she walked into the clinic where she had her first abortion, and again on the way out, who she had to 'bat away'. There were other protestors present with rosaries and bibles excerpts, with 'some crying woman with a giant photograph of a baby and a candle.' Although she saw the protestors as somewhat absurd – describing them as 'religious nuts' - the encounter made her 'very angry', because 'you feel guilty and sad and all of these things, then someone praying on you in that moment when you're trying to deal with it, and you've thought about it a lot, you don't do it lightly, and then someone going, here's a picture of a baby, that's really gross.'

Heidi's encounter with anti-abortion protestors did not come at the clinic, but unexpectedly a few weeks later as she was walking through the centre of her town. 'I

just crossed the road and all of a sudden I was surrounded by all this crazy stuff,' she said, 'they literally had massive posters of eight-week-old foetuses who had been killed, in the middle of town.' Heidi described the experience as 'really quite scary,' as it provoked unexpectedly strong feelings of anger. 'When I saw that stuff I just went mental, shouting at them and stuff,' she said. 'I wasn't prepared for how I would feel at all, cause I had this awful, like, just this wave of anger. Like, you're sick, you people are sick, shouting at them.'

What is notable about these experiences with enacted stigma was the ways in which they were almost always met with resistance and anger. There were very few examples of women recounting moments of enacted stigma which they internalised or which prompted them to change their feelings towards their abortions. However, as discussed in Chapter Five ('The responsible abortion story,' p. 125), other modes of stigma such as internalised stigma can be more insidious, producing self-regulatory practices like presenting a 'responsible' abortion story. The same is true for 'felt' stigma, the final mode to which I now turn.

Felt stigma: silence and shame

Stigma is partly about silence; what it is hard, or impossible, to say. Foucault argued that silence is 'an integral part of the strategies that underlie and permeate discourse,' and that 'we must try to determine the different ways of not saying such things, how those who can and those who cannot speak of them are distributed, which type of discourse is authorised' (Foucault, 1978, p.27). Secrecy and silence were prevalent themes in the narratives of most women who took part in this study, and the effects of this was often an isolating one. 'So many women go through it,' Karen reflected in our interview, 'and it shouldn't carry any shame or secrecy, but it is something that very few women will talk about, I think.' This observation that abortion is rarely talked about or shared was echoed by many other women, for example Anna, who told some close friends after her abortion. 'I don't think I'd be in a position where I'd openly say, oh yeah I did have an abortion, unless I knew everyone in the room already knew,' she said, and identified stigma as the main reason for this.

Anna recounted specific moments when this fear of stigma and rejection meant she stopped herself telling friends that she had had an abortion: 'My best friend from uni, I still haven't told her, but at the time I really wanted to tell her, and every time I worked

myself up to tell her, my heart would get really fast, and I'd be like, oh I can't.' She reflected on the way in which this type of stigma can act like a marker, noting that 'I don't want people to be like, she had an abortion, like, that's not an important thing about me.' In Goffman's theorisation of stigma, he points out that the term originally referred to a literal mark or blemish, like a brand, that was 'designed to expose something unusual and bad about the moral status of the signifier' (1963, p.2). Despite abortion being an 'invisible' stigma, Anna's worry that making it 'visible' will become the only important thing about her speaks to Goffman's characterisation of stigma as a blemish, pollution, or taint.

Rebecca was one of several participants in this study who had had multiple abortions, and described how she told fewer people about her second abortion because she was 'ashamed' that she 'hadn't learnt [her] lesson the first time.' There is a punitive aspect to Rebecca's narrative; the idea that she should have 'learnt her lesson' and been more responsible casts abortion as a kind of punishment that should prompt a change in character (a reaction discussed in Chapter Five, p.125). Similarly, after Felicity had her third abortion, she told no one except her partner. As well as feeling some shame for having had multiple abortions, she also worried that people would judge her because one of her children had died when he was young: 'somehow having lost a child, I always feel like that's mixed up with it as well. Like I'm choosing to lose more children, you know.' She felt this sense of guilt more after her third abortion than her first or second, and worried that 'it feels like murder somehow, even though it's not.'

Most of the women in this study spoke about this 'felt' stigma – the assumption that others will judge them negatively if they disclosed their abortion – even if they had never had an experience of 'enacted' stigma, a phenomenon previous researchers have also identified (e.g. Shellenberg et al., 2011). Some women were reflexive in their accounts of 'felt' stigma, identifying that their fears of being judged or marked by stigma were not necessarily produced by the actions of those around them. For example, Felicity reflected that once she disclosed to friends, they were generally supportive, and some even told her they had had one themselves. 'But I think there is guilt and shame,' she said, 'and I guess if you're feeling them yourself you project them onto other people…I was judging myself and projecting that onto others.' Lucy also reflected on her feelings of shame and embarrassment about her abortions: 'you know when you're

so ashamed, you can't, you don't, the way you feel, you assume that's the way other people are gonna feel about you.'

These are not only examples of the operation of 'felt' stigma, but also of its individualising and isolating effects. These women were kept 'in check' not by experiencing explicit stigma enacted by others, but through constant fear that they might experience it if their 'blemish' was to become known. Kumar et al. (2009) provide a thorough exploration of how this fear is produced on multiple levels, from broad discursive framings of abortion, through governmental and institutional levels, to the level of the 'individual psyche' where it manifests as guilt and shame (pp. 630-33). The effect of this fear is self-governance, reminiscent of Foucault's 'panopticism,' a technology of discipline whereby individuals become accustomed to acting as if they are being observed at all times (1977).

This is reflected in the way that many women I spoke to presented their reticence to tell others about their abortions as an obvious or neutral fact. For example, Nat said of not telling her mum about her abortion, 'I didn't really want people to know, I don't know why. I didn't feel ashamed, I just I'm quite personal, I don't tell people lots of things about me, I like to keep things personal, really.' Rather than secrecy, Nat frames her decisions not to disclose as an issue of privacy. For most other women, however, the 'obvious' reasons that one might wish to keep an abortion secret were related to shame and fear of judgement, for example Anja simply stated, 'I haven't told anyone who might react in a way I don't like. I don't want to feel rejected in any way.' Beynon-Jones suggests that women who have had abortions engage in 'discursive labour' in order to construct non-disclosure as obvious and reasonable, as a way of managing the 'rhetorical difficulties involved in accounting for silence' (2017, p.237). Rather than troubling silence, concealing their abortions and choosing not to disclose was normalised by the women in this study as acting in a 'socially appropriate' way.

One of the effects of silence and secrecy around abortion is the reproduction of stigma, as it conceals the true commonality of the experience, which in turn makes breaking the silence more difficult; Kumar et al. call this a 'mutually reinforcing cycle of silence' (2009, p. 629). Furthermore, the self-governance it produces, such as careful management of disclosure, is normalised as reasonable despite its negative effects like a lack of interpersonal support (Major and Gramzow, 1999). As argued in the previous

chapter in relation to the individualisation of responsibility, this self-governance diffuses collective experience, and, as Cockrill and Nack argue, hinders the possibility of 'collective stigma management' (2013, p.987).

Troubling silence

It is not the case, however, that the women in this study who talked about 'felt' stigma were entirely unreflexive about the effects of silence and secrecy. Indeed, some women explicitly 'troubled' silence, and talked about breaking silence as a way of combatting this individualisation of stigma. Many of the women who took part in interviews were motivated by a desire to combat abortion stigma by sharing their stories, whether they were positive, neutral, or negative, and the act of sharing their abortion stories was, for many of the women who took part, a positive experience (as discussed in Chapter Three, 'Reconceptualising vulnerability,' p. 86). For example, Heidi experienced it as 'a way of moving forward' and 'ending [the abortion] as a chapter in my life,' and Rebecca shared, 'I find talking about it so therapeutic, so it's quite selfish of me to make you come all this way!'

As well as the individual benefits these women experienced, many of them also discussed the altruistic benefits they hoped would emerge from the research. For example, Heidi hoped that research like this study would '[let] people know that actually, it's not as bad as you think it's gonna be,' and that 'people do understand, and there are people who you can talk to about these things.'

These kind of accounts were complex, however. Heidi expressed a commitment both to letting women know that abortion 'not that hard,' but at the same time was explicit about the fact that, physically and emotionally, her abortion was one of the hardest things she had ever done. These accounts constituted discursive space within which women could express complex and sometimes contradictory narratives which there is little space for in mainstream discourse about abortion (Ludlow, 2008).

Karen reflected on this lack of space using the example of her reaction to a film called *Obvious Child*, a comedy-drama that depicts a woman who has an abortion after a one-night stand. Karen described the film as 'pivotal' and 'significant' in that the abortion decision is made quickly, and the film 'is about something else in a way.' She reflected that since 'there's still a lot of shame and secrecy around [abortion] … the fact that this is 2015 or whatever, this is the first film of its kind to have that sort of narrative, I

thought that was amazing but shocking that that's what the availability of cultural representations are.' The lack of nuanced cultural representations of abortion has been well-documented; analysis of TV and film representations of abortion suggest it is portrayed as a more risky procedure than in reality, and adverse consequences for the women who has one are also more common in TV and film than in reality (Raymond and Grimes, 2012; Sisson and Kimport, 2014).

In attempting to open these discursive spaces, these women drew attention to the diffusion of experiences in a highly individualised society. Reflecting on the power of telling her abortion story, Rebecca said, '[t]hat's one of the things I noticed about it, as soon as you say, I had an abortion, hands start popping up. Me too, me too, me too.' In this sense, these women are describing an implicitly feminist project which, as noted above, Cockrill and Nack have called 'collective stigma management,' (2013) but which bears resemblance to the consciousness-raising workshops of the 1960s and 70s, encouraging women to share and compare their experiences to engender a class consciousness (Firth and Robinson, 2016; Sowards and Renegar, 2004). The idea of sharing personal narratives as a political statement is a practice embedded in feminist thought (Stephenson-Abetz, 2012).

Whilst this 'consciousness-raising' aspect of sharing abortion narratives was discussed in interviews as an important motivation for taking part in the study, it is also notable that the act of disclosing abortion, either in interviews for this study or in their everyday lives, was often characterised as a confessional experience. The affective power of telling a non-judgemental listener about her abortion was described by Heidi as a huge relief after feeling guilty and alone in her decision: 'So I told [my friend], cause I knew she wouldn't judge me at all. I told her, and I just burst into tears and cried, and she gave me a hug.' Foucault characterises the confession as one of the mechanisms by which the modern subject is produced; we undergo the confession as a process of self-formation, mediated by an external authority like the priest or psychoanalyst, but ultimately forming ourselves into 'meaning-giving selves' (Foucault, 1991).

Therefore, 'breaking the silence' about abortion was on one hand characterised in these narratives as a way to combat the individualisation of stigma by encouraging other women to disclose their experiences, thereby disrupting the 'cycle' of silence surrounding abortion (Kumar, Hessini and Mitchell, 2009). However, it was also a

therapeutic, sometimes confessional, and entirely *individual* experience that engendered relief. In this latter respect, these abortion narratives can be seen as a Foucauldian 'accounting of oneself' (Foucault, 1991) through which the subject comes to know and understand itself. It is from this premise that the remainder of the chapter follows.

Gender, class and self-governance

As Kumar et al.'s definition of abortion stigma suggests, an important dimension of the abortion stigma the women in this study faced was produced by normative constructions of womanhood (2009). Beynon-Jones has argued that research on abortion stigma should approach stigmatisation as 'the reproduction of social relations of power which depend on differentiating normal from deviant identities through discourse,' something continually (re)produced rather than a 'thing' that can be possessed or 'something which spoils' (Beynon-Jones, 2017, p.227). Having identified women's accounts of 'enacted' and 'felt' stigma, it is now necessary to analyse how normative womanhood was (re)produced or challenged in their narratives, and the discursive strategies they developed to negotiate this process.

One recurring facet of normative womanhood that appeared in several women's narratives was the idea of the 'maternal instinct.' For example, Heidi said that she had always imagined that if she became pregnant, she would feel some natural connection to her pregnancy, and that she would 'just be a mum.' She was surprised to find that her immediate reaction to discovering her pregnancy was negative, and following her abortion had 'intrusive thoughts' which left her feeling 'basically like a murderer.' 'I kept thinking, you're not really a woman, what woman would kill their own child? It's weird you feel the way you do,' she said, 'I was thinking, you probably should a bit, most people feel a maternal instinct.' This belief that women possess an instinct for nurturing that is triggered by pregnancy was also discussed in my interviews with Jackie, whose attitude towards the 'maternal instinct' was more circumspect. She described herself as different from most of her friends, many of whom had expressed an 'incredible need to have a child.' She had never felt this way, and described feeling like there was a 'piece missing' that was not 'switched on' in her, concluding that she was not 'hormonally-geared' towards having children and therefore 'more objective' than her friends who had expressed this urgent need to get pregnant.

The maternal instinct in Heidi's narrative was positioned as part of 'normal' womanhood, and her perceived lack of it made her feel like she was 'weird'. In contrast, Jackie, whilst agreeing that the desire to have children was normal, saw her lack of it as a freedom from a hormonal pathology that allowed her to make the rational choice not to have children. Lisa, in contrast to both Heidi and Jackie, rejected the idea of instinctive nurturing as inherent to womanhood. She pointed instead to the social construct of gender, which 'culturally' assigned roles to men and women. She argued that this was why abortion 'has always been seen as not a normal thing that women do,' because motherhood has been positioned as 'natural and normal for women' rather than a socially assigned role. This contested status of normative facets of womanhood like the 'maternal instinct' in these abortion narratives reflects the fact that stigma is not a straightforward possession of an attribute, but is continually produced *and resisted* through discourse (Beynon-Jones, 2017).

'Letting the family down': respectability

Another recurring theme that emerged from interviews revolved what it meant to be a 'good' woman. These discussions were of particular concern to women who described themselves as middle-class, or whose biographies suggested they came from middle-class families. The family was an important space in these narratives, and the status of these women as 'good' women was often linked to their family's status as respectable. In order to examine in more detail this construction of the 'good' middle-class woman and its relation to reproduction, I now turn to an important mechanic that these women described as central to their everyday practice: self-regulation and control.

Difficulty in disclosing and sharing with others was a common theme across most of the women's interviews, but in particular, several women talked about their reticence to tell their families. The fear of disappointing or 'letting down' their families was shared by many of the women who had abortions when they were relatively young; these women also tended to be from middle-class backgrounds. For example, Alex was 19 when she became unexpectedly pregnant, and decided to have a medical abortion. Choosing not to tell her parents, the fear of what might happen if she disclosed to them occupied her mind significantly during our interview. 'Me and my mum are good friends, which is why I wouldn't wanna tell her, cause I feel like I'd ruin it,' she explained, and 'me and my dad are really close, and I think it would let him down as well.' She feared in particular disrupting her relationship with her dad, '[j]ust cause we're really close, and

I'm his little princess, kind of thing.' She described her dad as 'still uncomfortable' with her relationship with her boyfriend, who was her first. If her parents knew about her pregnancy and abortion, 'it would kind of let down the family.'

The historical trope of the 'fallen woman' was in evidence in Alex's narrative, a trope that is classed as it is gendered. The original 'fallen woman,' Eve, in her temptation by the serpent in the Garden of Eden represents a transition from innocence to experience which is perhaps most famously represented in John Milton's *Paradise Lost*; subsequently the 'fallen women' developed into a trope of Victorian and nineteenth century literature (Auerbach, 1980). This figure falls from grace through some form of 'sexual trespass' which casts her out of the sphere of respectability, and, as literary critics have argued, demonstrates the 'neurosis of a culture that feared female sexuality and aggression and so enshrined a respectably sadistic cautionary tale punishing them both' (Auerbach, 1980, p.31). This trope has a life beyond Victorian literature, appearing in accounts of women who, for example, engage in transgressive sexual activities or who are diagnosed with sexually transmitted infections (Herek, 2009; Nack, 2002). Their transition from 'good' girls to 'fallen women' is predicated on a social 'caste' system which 'divides women according to perceptions of moral transgression,' based on cultural beliefs about 'feminine ideals of sexual morality' (Nack, 2002, p.463).

Thus, Alex's worry that her relationship with her dad might be 'ruined' if she told him about her abortion is not only based on the status of abortion as a socially transgressive act, but also on its capacity to reveal that she is sexually active and no longer her father's 'little princess.' This fear of a loss of respectability is not only gendered, but also classed. As Skeggs argues, the fallen woman comes from the 'respectable classes'; she must have somewhere to fall from (Skeggs, 1997, p.47). This was demonstrated by Heidi's story, who was 25 when she had her abortion. Whilst she did tell her parents, it had become a taboo subject, especially for her dad: 'We can't talk about the abortion. He just says that thing, that thing that happened. We don't really want to be telling people about that thing you did. We don't talk about it.' Her mum also found it 'hard' to accept, as it is 'It's not something that she ever thought any of her kids would do.' Heidi said of her mum:

> She has loads of friends who had children when they were sixteen, you know, like, oh they got pregnant out of the blue, they're such a worry for the parents. She'd say, you know, we never have to worry about you cause that's never

> gonna happen. And then in her mind it's kind of embarrassing that it's one of her kids it happened to.

Heidi's parents reactions seemed tied up with their social status. She described them as being preoccupied with their status as a middle-class family: 'My mum says we're middle-class, and we're meant to be proud of that, like it's something we've worked hard at and we should be proud of the status as middle-class people.' Heidi relates this to their material position, describing them as 'living the capitalist dream', having 'worked very hard' from their working-class backgrounds to be in a position to own their own home and earn enough money to retire on. However, there is clearly a social and cultural dimension to her parents' middle-class identities, which is threatened by Heidi's admission that she was pregnant and had an abortion. Their investment in respectability is perhaps an indication that they experience their class status as precarious given their working-class roots (Skeggs, 1997). Heidi's abortion threatened not only her own reputation, which she countered by presenting herself as responsible and 'careful' (as discussed in Chapter Five, 'They don't even think,' p. 132), but also that of her family who had worked hard to climb their way into middle-class respectability.

The issue of family history was also important for Izzy, who was 18 at the time of her abortion. She said her dad, who died when she was younger, would have been 'so disappointed' to learn his daughter had had an abortion, and that she had more than her parents to consider. Her decisions about who to disclose to was shaped heavily by cultural context, and she described negotiating different types of stigma from her dad's English side of the family to her mum's Namibian side. Her English family were very different to Izzy and her siblings, who she says 'grew up in an area which is a very common area, so me and my sister and brother are the complete opposite of what my dad's family are … I guess you'd describe it as a chavvy, it's quite a chavvy area.' Despite the fact that Izzy was studying for a postgraduate degree when I interviewed her, she described feeling lost in discussions with her dad's family, who are 'very intelligent' and intimidating. As a result, she would never disclose her abortion to them:

> I feel like with my dad's side, they would be extremely disappointed in me, and I'd lose this, they see me as the good child, the one at school, blah blah blah. I always get praise from them. I think as a group of people, there's a certain appearance you have to put on in front of them.

This appearance or performance that Izzy feels expected to produce with this side of the

family was one of restraint and dutifulness. She was the 'good child' because despite growing up in a 'chavvy' area, she was in Higher Education, and she described herself as reserved and calm. Educational settings have been argued to be key sites in which middle-class femininity is constructed and instilled, promoting values like self-regulation, entrepreneurship, and investing in projects of the self (Allan and Charles, 2014). As a result, middle-class women are expected to delay childbearing until they have completed their education or established careers (Walkerdine, Lucey and Melody, 2001). Izzy's decision to have an abortion was informed by this expectation; she recalls her dad 'really pushed and pushed' for her and her siblings to do well at school, sending them to a grammar school. She contrasts herself – 'all about academia' – to her sister, who she describes as 'kind of wild' and 'did her own thing, didn't care about school. I was always the one…that came back with good results.' When she became pregnant at 18, 'it wasn't a case of maybe keeping the baby'; she decided straight away that she would have an abortion.

Izzy also described negotiating the different cultural context of her Namibian family, and the different reasons she had for not disclosing her abortion to them. In contrast to England, Izzy said that 'if you get pregnant [in Namibia] you're more likely to keep it cause it's a very religious country and abortions here are very expensive.' The risk of disappointing her Namibian family was less easily expressed in terms of class, as 'it's hard to determine what class you're in' in a Namibian context; however, her Namibian family were religious. 'If I was in Namibia and I was pregnant and they found out, it would be the worst thing in the world if I had an abortion. Like, they'd offer to look after the child. It would be very frowned upon to have an abortion.' As Kumar et al. have argued, whilst abortion stigma is generally contextualised by widely-found normative constructions of womanhood, it is also 'profoundly local' (2009, p.627). Izzy is caught between English middle-class expectations, and Namibian religious, moral expectations, and her decisions about who to disclose her abortion to is informed by these differing contexts.

Being 'good' women – and fearing this loss of status – was therefore present in the narratives of these women in a way that engaged with the historical trope of the 'fallen women.' The reputation of their families as respectable was tied to their ability to conceal their abortions, or their being sexually active. What these narratives therefore demonstrate is how the production of the neoliberal subject is entwined with the ability

of these women to present themselves as able to regulate their bodies and sexualities.

Technologies of the self

The practices by which the women in this study described regulating themselves can be understood, as argued in the introduction to this chapter, through Foucault's concept of 'technologies of the self.' These practices describe how individuals actively transform their 'bodies and souls, thoughts [and] conduct' in order to constitute a 'self' (Foucault, 1988). This section analyses moments when technologies of the self were exposed in the women's narratives, and how the women 'accounted for themselves' and actively presented themselves as particular types of subjects in response to stigma. In particular, this section analyses how self-regulatory technologies of the self were intimately linked to the production of normative, middle-class femininity. This analysis is not only concerned with the work the women in this study did to present themselves in certain ways to others; it is also concerned with how they understood themselves as stigmatised subjects.

Regulating the body

Pregnancy was described by several women in his study as a moment when the physical body refused to be regulated by the will, and abortion was a method of bringing the body back under control (a finding corroborated by previous research, such as Harden & Ogden, 1999). Regulation of the body has historically been a prominent way of displaying ideal femininity, which in the eighteenth century was associated with the luxurious bodily dispositions of the upper classes: ease, restraint, control, and calm (Skeggs, 1997, 99). This construction of ideal femininity offers a narrow line for middle-class women to tread between ideal, upper-class femininity characterised by respectability, restraint, and chastity, and working-class excess.

In this context, unwanted pregnancy and the loss of control over the body it represents can present a crisis for women invested in bodily regulation as a form of middle-class respectability. One woman for whom this was a particular issue, Karen, was 32 at the time of her abortion. Throughout her life, she had suffered from eating disorders, and described how they had allowed her to disassociate herself from any sense that she was 'really a sexual being, or a woman, like, that there was a possibility of having children.'

When she did fall pregnant unexpectedly, it was experienced as an eruption of the materiality of the body into her consciousness:

> it's all about self-discipline and the power of my mind to such a degree that I think that I have just not given full acknowledgement to myself as an actual fleshy being, really […] It almost felt like my body was saying, serves you right. I'm here, like (laughs) pay attention to me, this is what I can do, you know?

Having the abortion was experienced by many participants as going 'back to normal'. For Karen, however, the experience was more transformative in that it prompted her to treat her body 'more kindly':

> …maybe the abortion made me feel like I needed to take care of my body more, to recognise it and be nice to it rather than punish it constantly. And I am still very disciplined in my relationship to my body, but the abortion reminded me that it was there in this really real way, if that makes sense.

Her life-long anxiety around regulating her body was an important part of her history that informed her experience of abortion. Karen grew up as the daughter of aspirational working-class parents; she describes her mum as being obsessed with being respectable and becoming middle-class. Her parents, who both left school at 16, raised their family in a town built after the war that attracted a large number of aspirational working-class families, where her dad worked in manufacturing, working his way up from an apprenticeship to a management in later life. Her mum worked in clerical roles and also worked her way up until they both earned good salaries and became homeowners.

The expectation that her and her sister would do better than their parents was a fact of life for Karen, and her trajectory of going to university, getting a PhD, and becoming an academic was accompanied by a continuing necessity of self-regulation and self-surveillance. She describes her position as a middle-class woman to be 'shaky':

> I know I embody middle-classness so much and I'm very privileged in lots of different ways, but that very recent history of my family's class mobility means that I don't feel secure in that position. […] I'm also not solidly middle class. Whatever my professional status is and who I date or who I'm friends with, or what I might embody, I feel like that's never a fully secure position or identity.

She notes that her presence in the academy is an uncomfortable one, and locates that discomfort in her bodily performance of femininity, which she describes as 'too hyper-feminine or heterosexual,' a 'site of dismissal.' Her discomfort about her 'hyper-feminine' or 'heterosexual' embodiment is related to her discomfort with what she characterised as her body intruding into her consciousness and 'reminding' her that she

was, in fact, a fertile, 'fleshy' woman. Fecundity and 'fleshiness' is historically associated with working-class femininity coded as 'out of control, in excess' and associated with 'the lower, unruly order of bodily functions' like sex and reproduction (Skeggs, 1997, 99). Karen's precarious relationships to gendered embodiment and to middle-classness produced a hyper-vigilance about her body that can be read as a 'technology of the self,' a method by which she presented and policed herself (Foucault, 1988), and an attempt to discipline her body out of its 'shaky' relation to restrained, cerebral, middle-class femininity.

Pain and punishment

The role of technologies of the self in other women's narratives was not always as optimistic. Many women's discussions of their 'reproductive lives' – including menstruation, sex, childbirth and sterilisation – was replete with the language of pain and suffering, and several women identified stoicism in the face of such pain as being an unfortunate side-effect of womanhood. In amongst this talk of pain and stoicism, there were some moments in which women talked about choosing more painful methods of abortion as a form of penance, and to ensure they 'learnt their lesson'. Whilst these discussions of self-punishment may seem shocking or extreme, they are understandable within the context of societal discourses that suggest women must accept pain as part of womanhood, as well as the previously identified discourses of self-regulation and control.

Whilst abortion in legal contexts like England's hospitals and abortion clinics is a very safe procedure (Raymond and Grimes, 2012), some methods of abortion entail some discomfort and pain. Surgical abortion, for example, is generally performed under general anaesthetic, and was commonly described by women in this study as painless and quick – you 'just go in, [have the procedure], wake up, you know.' Medical abortion, in contrast, is not normally performed under anaesthetic, as it is generally offered to women at very early stages of pregnancy. After taking two tablets, which induce a miscarriage, women can go home and 'pass' the foetus. This was more likely to be described by women in this study as painful.

For example, Alex said, 'I assumed the medical would be the better option, just taking a pill. But I didn't realise what that entailed until it happened. They said it would create contractions, but I didn't think about how painful that would be.' Women who chose

this method described hours of painful cramps, and some went so far as to describe the experience as, variously, 'horrific,' 'traumatic', and 'the worst pain I'd ever felt in my life.' There was also an opinion shared by several of these women that the information given by clinic staff was somewhat euphemistic, presumably to avoid scaring them. 'I don't think they really, *really* explain to you,' said Lucy. 'They're like (soft voice) and then you'll have the miscarriage. But people need to know what the miscarriage actually entails, cause the miscarriage is actually pretty traumatic.' Another aspect of medical abortion at home that some women found difficult was being awake for the 'passing' of the foetus, which Sarah described as 'a bit gory and graphic.'

The ability to choose between abortion methods (which not every woman in the study had; very early pregnancies are usually only terminated with the medical method) created an act of differentiation women felt they had to justify. Some women couched their choice to have surgical abortions as taking the 'easy' way out (despite the fact that surgery under general anaesthetic carries greater risk), whereas several women who chose medical abortion emphasised its more 'natural' form. Medical abortion was also sometimes explicitly framed as a form of self-punishment, a way to connect the decision to its 'consequences' i.e. pain and the visible passing of the foetus. Whilst increased reproductive choice (e.g. the ability to choose an at-home medical abortion) is generally presented as a moral good, some women are using this choice to embrace the essential, biological, painful aspects of reproduction which reproductive technology is generally understood to liberate women from.

For example, Rebecca said, 'I had this thing in my head that I wanted the pill, because there was, like, this kind of, I wanted to suffer. Does that make sense?' Later, she explained, 'I felt like I needed some sort of redemption.' Experiencing the pain and visual passing of a medical abortion was described as cathartic as well as an attempt to have a more 'natural' experience similar to miscarriage; although, Rebecca noted, 'the reality of it is not appealing at all.' Similarly, Felicity explained that she chose the medical method for her second and third abortions after having a surgical abortion when she was younger. 'This was a situation that I found myself in and I needed to go through the experience of what I was doing rather than just having it taken out of me and forgetting it had ever happened,' she explained. 'It was almost like I had to put myself through that in order not to put myself in that situation ever again.'

These accounts of self-punishment demonstrate a powerful convergence of internalised abortion stigma and the individualisation of responsibility and regulation. They are also contextualised within the women's accounts of pain and 'female' bodily experiences throughout the life course. Rebecca described herself as an 'early developer' who started her periods when she was eleven. They were extremely heavy and painful; she recalls 'I used to not get the bus home because I'd be so embarrassed, I couldn't sit for more than half an hour without bleeding through my clothes.' She was diagnosed with dysmenorrhea – abnormally heavy menstruation – and was prescribed hormonal contraception at thirteen to regulate the bleeding. She described this as 'quite traumatic,' and frustrating that there was no explanation offered by her doctor as to why this was happening to her. Later on, Rebecca also experienced vaginismus, which made penetrative sex painful. Vaginismus is another condition she was unable to find an explanation for, and it took many years for a diagnosis and a treatment that allowed her to manage the pain.

During this time, she said:

> I felt like my body was so alien to me, like, having, I don't know, having something, like a part of you that's so, kind of crucial to your identity, or at least I feel it is like an intrinsic part of female identity, particularly at that age when you're growing up and experiencing sex and sexuality in a different way.

This alienation was accompanied by a frustration that 'if there was an unexplained disease that was causing men to not be able to have sex due to burning pain and agony, it wouldn't be unexplained for very long.' The societal expectation that women endure pain is related to the way in which the female body has been constructed as mysterious and unknowable throughout Western thought (de Beauvoir, 1993), and research has shown that women report difficulty in being believed by medical staff when they complain of pain (Reid, Ewan and Lowy, 1991; Werner and Malterud, 2003). Whilst Rebecca and Felicity's discussions of self-punishment may seem shocking or extreme, they are understandable within this context of societal discourses that suggest women must accept pain as part of womanhood.

These accounts of self-punishment demonstrate a powerful convergence of abortion stigma and the individualisation of gendered responsibility and regulation. The literary conventions of the 'fallen woman' trope mean that her story normally end with destitution or death as a result of her transgressions, which she can either be

rehabilitated from, or be destroyed by (Auerbach, 1980). This was reflected in Rebecca's hope that she might reach a form of 'catharsis' through her abortion, and Felicity's determination to 'learn her lesson.' These accounts of pain and punishment can also be understood as examples of 'technologies of the self.' Both Rebecca and Felicity underwent more painful methods of abortion in order to discipline their bodies and transform themselves into more responsible, 'mindful' subjects. The intense imperative to individualise responsibility for reproduction means women who already feel under pressure to be ideal neoliberal subjects develop these strategies of self-governance to ensure they do not 'fail.' If they do, they are expected to learn from the experience of failing to control their bodies, and become more responsible and resilient in the face of difficulty as a result (Bracke, 2016).

This is contextualised by a wider project of neoliberal biopolitics invested in producing 'docile bodies' through techniques of discipline in order to more easily govern them (Foucault, 1977). In Chapter Five, I argued that the subjectification of responsibility for reproduction was part of a disciplining of women's bodies, mediated by classed discourse that positions middle-class women as aspirational, neoliberal subjects. The accounts in this chapter of women accepting pain and punishment as part of their gendered embodiment is a more extreme example of this disciplining, but is contextualised within the same project of governing 'potentially unruly or disaffected subjects' through the promise of 'self-invention through a discourse of limitless choice' in relation to reproduction (2001, p.3). After making the choice to have an abortion, a number of other choices must be made: at what stage of pregnancy, by which method, at home or in the clinic. In the context of the lives of middle-class women in neoliberal England, these choices are not experienced as straightforwardly positive or liberating. Instead, these moments of choice also produce moments of regulation and discipline.

Conclusion

Abortion stigma takes many forms, and has many effects. Whilst abortion has not been positioned as contentiously and politically in England as it is in other countries such as the USA or Northern Ireland, my participants' narratives show that the injunction to silence and secrecy remains an important aspect of having an abortion in contemporary England. The three dimensions of stigma examined throughout this thesis – internalised, felt and enacted (Herek, 2009) – are contextualised by unequal power dynamics of

gender and class in wider society which produce expectations of normative womanhood all of the women in this study felt some pressure to conform to.

In particular, the figure of the 'fallen woman' was present in the accounts these largely middle-class women gave of 'letting down' their families by becoming accidentally pregnant and having abortions. Whilst this is a trope with a long history, its appearance in these narratives suggested that respectability and stigma were very contemporary concerns for these women. Harris (2004) has drawn attention to the figure of the middle-class girl in contemporary society as a 'vanguard' of neoliberal subjectivity; Francombe-Webb and Silk (2016), drawing on Harris' work, have argued that 'she embodies a distinctively neoliberal subjectivity that strives for self-fulfilment, and demonstrates conduct of the self through monitoring, surveillance and self-investment' (p. 654). The practices of 'monitoring, surveillance and self-investment' which go into producing middle-class womanhood – these 'technologies of the self' – seen in the accounts of women like Karen, Rebecca and Felicity demonstrate that the expectations identified by Harris do not end at girlhood. These practices can also been seen in direct relation to abortion through these women's investment in themselves as 'good' women. In the extreme, the stigma attached to abortion, the loss of status it risks, and the expectation that middle-class women self-regulate combined with the societal conflation of womanhood with the acceptance of pain. In this confluence, extreme regulatory practices like Rebecca's 'redemption' through painful abortion and Felicity's determination to be 'present' in order to face the consequences of her decision were produced.

However, the women in this study were not confined to acceptance of these regulatory practices. They were often critical and aware of their social positioning, and identified strategies to combat stigma, silence and the effects they entail. Whilst their narratives were at once preoccupied with loss of status as 'good' women, at the same time they deconstructed this, and offered their narratives partly in the name of this feminist, deconstructive project to uncover and combat stigma. In summary, the specific regulatory practices that produce middle-class womanhood can be seen starkly through these women's abortion narratives, and they shed some light on wider gendered and classed discourses in society. They also offer examples of women resisting and challenging regulatory practices, demonstrating that stigma is not a straightforward

possession of an attribute, but is continually produced *and resisted* through discourse (Beynon-Jones, 2017).

Chapter Seven: Conclusion

The research questions that framed this study were:

1. How do women in England make meaning about their abortion experiences?
2. What aspects of their identities and life experiences contribute to this meaning-making?
3. In particular, how does class structure this meaning-making?

I have answered these questions in the following ways. In Chapter Four, I argued that the concept of precarity emerged from women's abortion narratives in three ways. First, as a material condition that was characterised by employment and housing insecurity and which was linked to wider political and economic shifts like austerity programmes. Second, as a subjective experience that even women in relatively secure material positions felt. Third, as a discourse that delineated what the 'ideal' conditions for continuing a pregnancy were and, conversely, what conditions made abortion the more 'responsible' choice. Furthermore, I argued that that the legal and medical framework of abortion in the UK extends a demand for women to 'perform' precarity, the state of uncertainty and instability that would indicate that they are truly 'deserving' of an abortion. My analysis demonstrated that doing so was more possible for certain women than others. I used the example of a young, middle-class woman who had access to an 'understandable' cultural script about delaying childbearing in favour of Higher Education, contrasted with the account of one woman from a working-class background who displayed more ambivalence about using the same 'script'. I concluded that classed discourses about precarity could work as useful resources for some women seeking abortions, whereas for others these discourses worked to reify classed stereotypes.

In Chapter Five, I examined the previously identified phenomenon of women constructing a responsible self through abortion narratives, using class as a new avenue of analysis. Whilst there were few examples of class 'disgust' in the narratives I collected, it was still the case that classed judgments and expectations were latent in many of the women's narratives. The most prevalent way in which this was expressed was through a distinction between women who 'don't think' about reproduction and women who do. I argued that this was a product of the gendered subjectification of responsibility for reproduction, about which the women in this study expressed fatigue and frustration. The burden of responsibility for reproduction is a perennial

phenomenon for women, but one which under neoliberal governance has developed a particular significance, becoming incorporated into wider technologies of subjectification which create 'successful', self-governing neoliberal subjects. However, this chapter also demonstrated that some women were critical and reflexive about this process, resisting subjectification and challenging the use of classed stereotypes about abortion and reproduction. In particular, some women's complex accounts of their pregnancies opened a disruptive discursive space for talk of 'responsibility' that did not fit easily into pro-choice or pro-life discourse, and that challenged straightforward accounts of the self.

Finally, in Chapter Six, I analysed the women's accounts of abortion stigma, examining in particular two dimensions of stigma: 'felt' and 'enacted' (Herek, 2009). I mobilised an understanding of abortion stigma that contextualised it within unequal power dynamics of gender and class in wider society, which produce expectations of normative womanhood all of the women in this study felt some pressure to conform to. In particular, this chapter examined the 'technologies of the self' that were exposed by women's accounts of negotiating respectability and their positions as 'good' or 'fallen' women. I argued that through these accounts of abortion stigma and attempts to negotiate it, it was possible to see the specific regulatory practices that produce middle-class womanhood. This was analysed in relation to Foucauldian ideas of governmentality and the middle-class feminine subject as restrained and controlled, the most extreme manifestation of which was 'redemption' through painful abortion experiences.

Making meaning, producing knowledge

To conclude, I will now outline the main contributions this thesis has made to the fields of the sociology of class and the sociology of reproduction. I will also consider the implications this study carries for abortion practice and advocacy, its potential impact, and the future directions it suggests for abortion research.

Middle-classness and class 'disgust'

Understandably, middle-class experiences of austerity and precarity have not been widely researched. Much of the work which constitutes the 'cultural turn' in the study of social class (work which, as discussed in Chapters One and Two (pp. 14; 33), has shaped this study) has focused on 'vertical differentiation' (Méndez, 2008) between

working- and middle-class groups, in particular the 'class disgust' which powerful groups in society mobilise to Other those without power (Lawler, 2005; Tyler, 2008). Steph Lawler argues that middle-classness is maintained by an assertion of difference and disgust against that which is in proximity to it (i.e. working-classness) (Lawler, 2005). Although my study produced an in-depth analysis of (largely) middle-class experiences of abortion, the mechanism of class disgust was notably scarce in the data. What this study has demonstrated instead is how middle-class women are affected by neoliberal *self-governance* and its relationship to the body and reproduction. Whilst working-class women are more often the subject of scholarship on class and the body (e.g. Skeggs, 1997; Tyler, 2008), the narratives of the women in this study were replete with 'technologies of the self' which regulated their 'bodies and souls, thoughts [and] conduct' (Foucault, 1988). This suggests that regulatory practices and technologies of middle-class women in the context of a neoliberal society require more study, particularly their relationship to gendered issues like reproduction and parenting which have been addressed by few studies (for example, Johnson, 2008 on childbirth and breastfeeding; Perrier, 2013 on parenting).

For example, the effects of abortion stigma and technologies of neoliberal governance were largely internalised by the women in this study rather than being projected outwards in the form of disgust, differentiation or 'stigma transference' (Cockrill and Nack, 2013). Whilst some participants did make classed judgments and differentiations during their life narratives, many also expressed an opposition to stereotypes and assumptions about 'irresponsible' women and the coded classed signifiers they carried. There are a number of reasons why this might be. For example, four of my fifteen participants were undertaking doctorates in the humanities and social sciences and were therefore well versed in issues like social inequality and the effects of stereotyping. Another is that class disgust may not manifest in interviewing, but may be expressed instead in private or anonymous spaces (for example, Tyler, 2008 analysed anonymous forums as well as media discourse in her study of class disgust). However, it does suggest that there are other mechanisms as well as disgust that are at work here. The internalisation of responsibility and technologies of governance I identified in the data were a product of the confluence of abortion stigma, which encourages silence and an internalisation of blame, and the wider project of responsibilisation that characterises neoliberal states. The fear of precariousness and failure expressed by many of the

middle-class women in this study was not a straightforward fear of becoming a 'fallen' women or slipping down the class ladder, but was also a response to the state of uncertainty and risk produced by the context of austerity and 'crisis management' in the UK since the financial crash (Tyler, 2013). This context made it difficult for many of my participants to feel like they were making truly free or 'correct' choices about their reproductive lives.

The fact that many of the women in this study responded to this by expressing solidarity and sympathy with other women who were making similar choices suggests that a shared experience of abortion acts as a complex catalyst for both differentiation and solidarity between women. Further research might take a similarly intersectional approach to abortion experiences by 'digging down' into the inequalities which underpin them (Purcell, 2015), and indeed that may underpin the experiences of those subjected to other types of stigma.

Discourse as a resource

Another key finding of this study is that abortion narratives are shaped by differential access to 'discursive resources.' In previous work on abortion, these resources have been described variously as 'cultural narratives,' (McIntyre, Anderson and McDonald, 2001) 'interpretative repertoires' (Beynon-Jones, 2017) and 'framing discourses' (Kumar, Hessini and Mitchell, 2009). What this study has done is to draw on Beverley Skeggs' (2004) theorisation of social class as both a resource (for example, in its existence as a distribution of capitals) and a position which enables or restricts access to the discursive resources that allow people to make meaning about abortion, disclose their experiences to others, and negotiate medical gatekeeping.

Imogen Tyler has described class as fundamentally a 'struggle against classification' (2015a) within which individuals attempt to narrate their lives against dominant discourses which might devalue and delegitimise them. However, the same dominant discourses may legitimise and assign value to others. This was seen most clearly in Chapter Four in the contrast between Anna and Violet's experiences of accessing abortion services, Anna finding it 'easy', Violet finding it frustrating and judgmental. These women identified themselves, respectively, as middle-class and working-class, and the life history method was useful in revealing how their classed histories, upbringings and expectations produced different experiences in the GP's office. Both

women used the discourse of precarity to present a 'legitimate' abortion story, despite indicating in their interviews with me that the precarity of their financial, employment or student status was not the most important factor in their abortion decision (Anna felt she was too young in comparison to her family's normal trajectory of having children later in life, and Violet simply did not want children).

I argued that Violet's position as a working-class women who had accrued cultural capital through Higher Education meant she was able to use an understandable abortion 'script' which her doctor could approve – that she was a student who did not have enough material security to raise a child. However, the affective impact of using this script left Violet feeling angry and her true reason for her abortion delegitimised. She had survived in material precarity throughout much of her life, acting 'like a mother' to her younger brother, and therefore felt angry that she had to capitulate to the idea that someone in her position would not be able to raise a child.

What this demonstrates is that one's class position affects how and whether one can use particular discursive resources to articulate one's experience, how that articulation will be received, and what the material and affective outcome of this will be. Whilst Violet's experience demonstrates the ways in which dominant discourses about class and abortion can delegitimise and 'fix in place' (Skeggs, 2004), this study offered examples of women utilising other types of dominant discourses about abortion to their advantage when negotiating access to abortion services. For example, in Chapter Five, I shared Jackie's mobilisation of ableist assumptions to 'shut down' questions about her abortion, using her chronic health condition as a 'socially acceptable' justification even if it did not reflect her true reasons for ending her pregnancy ('The responsible abortion story,' p. 127). In the same chapter, I wrote about Nat's position as a mother and how she was able to use this as evidence that she was 'deserving' of an abortion after becoming pregnant soon after giving birth to her sons (p. 128). However, whilst the women in both of these examples were able to use these discursive resources to convince medical staff to grant their abortion requests and prevent judgement from others, it is clear that the process engendered anger, frustration and an uncomfortable mis-match between the women's 'true' feelings about their pregnancies and the performance they felt it necessary to put on for medical staff (and, sometimes, friends or family).

Medicalisation and abortion practice

This leads to the issue of medicalisation and abortion practice. The experiences with medical staff the women in this study described were mostly positive, with GPs generally being described as helpful and unobstructive in referring on to abortion providers, and abortion providers themselves being described as compassionate and friendly. Abortion providers are undergoing a period of increased scrutiny and criticism following the recent sex-selective abortion debate in the UK (during which two doctors faced the first ever private prosecution for committing abortions on the grounds of foetal gender, a case later dropped by the Crown Prosecution Service as 'not in the public interest'; see Crown Prosecution Service, 2013) and newspaper investigations into their practice (Sheldon, 2017). Whilst it is beyond the scope of this study to draw wider conclusions, it is notable that the women in this study were generally full of praise for providers and their practice.

Despite this, the findings of this study contribute somewhat to long-standing critiques of the medicalisation of abortion (e.g. Beynon-Jones, 2013; Lattimer, 1998; Sheldon, 1997). 'Medicalisation' in this context describes the social control of reproduction through medical discourse and knowledge, which is valorised as true and objective. Sally Sheldon's work on this issue and subsequent research has been influenced by Foucault's critique of medicine as an institution which enables 'surveillance, normalisation and judgement' (Sheldon, 1997, p.11; see also Foucault, 1973). Critiques of the medicalisation of abortion therefore point to the status of doctors as the only figures able to legally approve requests for terminations as expressive of an unwillingness to allow women to control their own reproduction (see Sheldon, 1997 but also Chapter Two, 'Medicalisation and regulation,' p. 51).

This study contributes to this literature by building on the work of researchers like Beynon-Jones (2013), who found that medical professionals mobilise class when determining which abortions requests are rational or reasonable, and Lattimer, who argued that women had to construct their abortion requests in particular ways to suit the legal framing of abortion which doctors must adhere to (1998). It is clear that for some women in this study, these issues directly affected their experience of abortion, and that there remains an element of performance that several women felt expected to engage in. This not only echoes previous critiques of the medicalised model of abortion gatekeeping in the UK and the assumptions that underlie it, but also furthers these

critiques by explicitly examining the classed dimensions of these negotiations of abortion provision. As discussed in Chapter Four ('Using and resisting discourses of precarity,' p. 114), the discursive resources available to each women in this study were predicated on their class position, and on the other intersecting identity categories relevant to their lives (for example, in Jackie's case, disability).

This raises the possibility of future research that takes as its object of analysis the affective dimensions of this performance of 'need' for abortion. The performance of need or worthiness has recently emerged from sociological work in two areas that could be usefully compared to abortion provision: welfare reform in the UK, and the medical gatekeeping of gender transition in Gender Identity Clinics. The Department of Work and Pensions since 2013 has required those claiming disability benefits to undergo 'disability assessments' which have been critiqued for relying on bizarre criteria, such as how well-done the claimant's hair looks, or whether they are able to derive pleasure from seeing their family (Leaney, 2016). Sarah Leaney argues that one's access to benefits therefore relies on the ability to 'perform the incapacitated self, physically, socially and morally', conforming to the discursive construction of those in need as morally abject, and has a dehumanising effect on those forced to undergo such assessment (2016). The need for performance has also been critiqued in relation to Gender Identity Clinics (GICs), though which transgender people who wish to medically transition access services. Research has suggested a significant proportion of non-binary trans people felt that they were pressured by clinicians in GICs to change their gender presentation to be 'more typically binary' in order to be deemed 'transgender enough' (Valentine, 2016). In the same way that I interpreted the abortion request as a requirement for a 'legitimate' production of a 'discourse of the self' (Skeggs, 2005), the requests for welfare and GIC treatment can be read as examples of a similar requirement. Future research on abortion and medicalisation might take these findings as cues to examine the affective dimensions of performing 'need' for abortion, as they suggest that medical control of the body is intimately related to wider processes of neoliberal reform and governance, as well as the social construction of gender (and intersecting categories such as disability).

Stigma and governmentality

One of the arguments for the decriminalisation of abortion in the UK is that decriminalisation would remove this requirement for people to frame their abortion

requests in certain ways for medical approval, and therefore restore autonomy to women with regards to their reproductive lives (see British Medical Association, 2017, p.28). Whilst this is an important issue, there is a danger for abortion researchers and pro-choice campaigners to focus too narrowly on legal reform and the demedicalisation of abortion. This study demonstrates that issues of regulation and governance in relation to abortion are not only concentrated in the institutions of medicine and law, but are diffused and individualised. *Self*-regulation, mediated through dominant discourses of gendered and classed subjectivity, was a more prevalent phenomenon in this study's abortion narratives than reports of explicit regulation through legal or medical discourses.

My approach in this study has been to adapt theorisations of abortion stigma to examine these accounts of self-regulation and governance. As argued in Chapter Six, recent work on abortion stigma is influenced by the symbolic interactionist approach, which focuses on stigma production on an individual, interpersonal level. I have adapted this approach by considering the role power and wider social inequalities play in the production of abortion stigma, and by mobilising Foucault's concepts of governmentality, biopolitics and technologies of the self.

This study has therefore contributed to research on abortion stigma in several ways. It demonstrates the utility of Kumar et al.'s (2009) influential theorisation of abortion stigma as both 'locally produced' and produced in relation to hegemonic constructions of femininity. The women in this study's experiences of stigma – internalised, felt and enacted (Herek, 2009) – were locally produced by their surroundings, including their families and the political context in which they were making their reproductive decisions, but were also produced by standards of womanhood that several women felt they had failed to live up to by getting pregnant accidentally, at the 'wrong time', or by having an abortion. Whilst previous work has identified that abortion stigma is rooted in societal beliefs about womanhood, motherhood, and personhood, it has lacked an intersectional understanding of what *types* of womanhood and personhood are valued and why (Cockrill and Nack, 2013; Hoggart, 2017; Kumar, Hessini and Mitchell, 2009). The accounts of the women in this study were formed in a context where valued female subjects are, as they have been throughout history, reproductive and 'maternal,' but also in a context in which the framing of women as free, autonomous agents in a post-

feminist world increasingly underpins popular and political rhetoric, producing impossible standards (Aveling, 2002; Genz, 2010; Hewlett, 2002).

Foucault argued that whilst forms of power may change, power is never completely overcome (Pylypa, 1998). Women in England are no longer prevented from taking part fully in civic life through legal curtailing of their reproductive rights, but social control of women's reproduction still operates in a way that is *productive* i.e. produces the desire to embody certain subjectivities (Foucault, 1977). Increased reproductive choice and pro-choice campaigning has taken abortion out of the back alleys and literally saved women's lives, but women are now expected to take on their new rights to choice and freedom by making the *right* choices, and, if they fail to, the prevailing political opinion is that they are not entitled to help (Jensen, 2014b). Women with relative financial, housing and employment security and middle-class privilege are, of course, protected from the worst excesses of the rollback of the welfare state in England, but this study has demonstrated that even these women experience feelings of precarity and anxiety about failing to live up to these standards of neoliberal, middle-class womanhood. One of the consequences of this for the women in this study was intense regulation of the self, including the body.

Abortion stigma and governmentality are therefore closely related. It was clear from the women's accounts in this study that abortion stigma was not only (or mostly) produced interpersonally; several women in this study had never experienced a moment of enacted stigma in which another person directly stigmatised them for having had an abortion. Almost all women talked extensively about internalised or felt stigma, however, demonstrating that they had accepted negative valuations of women who have abortions, or feared that if their abortions were revealed they would be judged (Hoggart, 2017; Link and Phelan, 2001). Thus, insidious governmentality produced a need for many women in this study to constitute themselves as responsible, self-sufficient subjects.

This study therefore furthers poststructural feminist theories of class and gender. The narratives of self-governance and self-control woven through the abortion stories and life histories of women with varying degrees of proximity to middle-class womanhood illuminate the ways in which the intense neoliberal imperative to individualise responsibility operates for women who have abortions. It means women who already

feel under pressure to be ideal neoliberal subjects develop effective strategies of self-governance to ensure they do not 'fail.' In particular, the extreme example of acceptance of pain as a form of punishment for having an abortion can be understood as a gendered example of Tyler's argument (2015) that stigma operates as a function of control and regulation in neoliberal societies.

New discursive spaces

One difficulty presented by Foucault's theory of power/knowledge is its trouble in accounting for agency and resistance. Whilst throughout this thesis I have argued that the narratives of the women in this study demonstrate the operation of self-surveillance and self-discipline, technologies by which domination over subjects is maintained by methods other than repressive power (Foucault, 1978, 1977), I have also sought to analyse the ways in which women resisted, challenged and critiqued these technologies. Whilst Foucault's work has been useful in analysing the former, it is less so in analysing the latter. If resistance to power produces a *reassertion* of power in a different form (Foucault, 1978; Pylypa, 1998), this would suggest that there is no way in which to truly challenge domination.

I would suggest that mobilising Foucault's theorisation does not entirely preclude the possibility for resistance; instead, it provides a useful reminder that power/knowledge is always at work. For example, whilst I have identified ways in which the women in this study disrupted specific dominant discourses about abortion – for example, that it is irresponsible, or is always a tragedy – this did not constitute a disruption of *power*. For example, some women in this study conceptualised their pregnancies and abortions in medical terms, for example Violet whose words I analysed in Chapter Five, said:

> What about the rights of the unborn child? What, this piece of tissue that's still part of my body? […] Again, maybe that's just about my values, but for me a baby's a baby once it's born. When it's not part of my body anymore and it's living and breathing on its own, it's a baby. But when it's like a little ball of cells or whatever, it's a ball of cells, not a baby.

She positioned her view of abortion as a feminist critique of pro-life understandings of pregnancy, and of abortion stigma. However, this is also producing an alternative but 'ideal' subject position for women to occupy which understands abortion as a largely meaningless medical procedure, something pro-choice discourse has also been critiqued for (Ludlow, 2008). It asserts the objectivity and 'truth' of medical knowledge – the same discourse that positions doctors as the legal gatekeepers to abortion.

Nevertheless, the moments of resistance and rupture in the narratives of women in this study provide examples of how dominant framing of abortion can be questioned and disrupted. Attempts to do so are not absent in public discourse, but often take the form of public storytelling or, more accurately, testimonials. For example, in 2013, New York Magazine ran a story called 'My Abortion' wherein 26 women shared their abortion stories (Winter, 2013). I was struck by one woman, Mayah, and her testimony that (my emphasis):

> The only people who would listen to me say I had any emotions were people who wanted me to fall down on my knees and ask for forgiveness. I saw a counsellor at a crisis pregnancy centre, but she gave me an icky feeling. *There's no room to talk about being unsure.*

Mayah's story was a struggle to find 'room' for her experience which was unwelcome; she was not regretful or guilty about her abortion, but she also was not certain exactly how she felt about it. Several of the women in this study echoed Mayah's testimony, talking about pregnancy and abortion in ways that did not fit comfortably into discourses of abortion certainty or regret. There are two reasons why opening space for these kind of abortion stories is important. First, it is clear that doing so is helpful for women who want to talk about their experiences without being judged. Second, these stories have the potential to disrupt stigmatising discourses about abortion by demonstrating that emotional complexity does not always come hand-in-hand with regret or guilt.

However, it remains the case that abortion stories remain available for co-option into discourses and causes for which they were not originally intended. My analysis of the theme of stigma and punishment in Chapter Six should not, for example, be taken as an indication that abortion necessarily produces psychological distress. The examples analysed in this chapter of the women who talked about embracing the painful aspects of abortion do more to reflect the damaging nature of neoliberal self-governance and abortion stigma than the procedure itself. These accounts were difficult to hear, and are no doubt difficult to read, but as several of the women in this study noted, failing to talk about these aspects of abortion is not useful. Abortion can be painful, unpleasant and graphic. We do a disservice to women who have them by remaining euphemistic about this. Whilst abortion providers do carefully consider the way the talk about abortion to patients, and generally try to use the language that patients are comfortable with (which might be talking about babies, or foetuses, or pregnancies) (Ludlow, 2016), it was

notable that several women who had been given early medical abortions said they would have preferred more honesty from medical professionals about the pain and discomfort they were going to experience. Wendy Savage, an abortion provider and activist, has noted that it is important to not shy away from the fact that abortion is 'the ending of a potential life' (Savage, 2017). Doing so allows a full, honest discussion about abortion and its reality for those who have them and those who provide them. It is my hope that studies like mine contribute to a milieu of normalisation of abortion, including the aspects of abortion that are difficult or awkward to discuss.

Conclusion: towards a critical sociology of abortion experiences

Carrie Purcell has called for a sociology of abortion experiences that 'question[s] and disrupt[s] dominant and entrenched ways of knowing and talking about abortion' (2015, p.592). This research has had at its heart a commitment to do exactly this, led and shaped by the experiences of those who have experienced abortion. It is my hope that this study offers something for abortion providers, advocates, activists, and academics. Most of all, I hope that it provides something for those who have had abortions. Many of the women who took part in this research shared with me their hope that their stories might serve to normalise, raise awareness about, or simply contribute to understanding about abortion. As a researcher, it was my wish to entwine the agendas and hopes of my participants with my own. The aims of this research were, first, to produce knowledge that could be used as a tool towards the normalisation of abortion. Second, to produce knowledge to combat abortion stigma, based on sexist and classist assumptions. Finally, to aid in the dismantling and deconstruction of neoliberal ideology that produces individualising discourses about a phenomenon that is not the responsibility of individual women, but of society as a whole.

In order to achieve these aims, I would suggest that future research build on the findings of this study in several ways, as argued in the discussion above. The first is to continue an interrogation of the regulatory practices and technologies of middle-class women in the context of neoliberal society, particularly their relationship to gendered issues like reproduction and parenting. However, one of the limitations of this study was its small, self-selective sample, and research to expand its focus beyond the experiences of largely middle-class, highly educated women would be useful. For example, it remains to be

researched how class structures the abortion narratives of those who have borne the brunt of contemporary austerity policies in the UK, or those who have been cast as 'national abjects' in political discourse (Tyler, 2013). Another limitation of this study was its focus on the intersection between class and gender without a sustained analysis of other intersections of identity and oppression such as race. Future research might adapt the methodology and theoretical framework of this study and apply it to the abortion narratives of a wider diversity of participants and expand its relatively narrow focus.

Second, as suggested in the discussion above, there is space for research which takes as its object of analysis the affective dimensions of the performance of 'need' for abortion in the UK, and its relation to class, gender, race, and the medicalisation of abortion. Whilst it has been argued that the requirement for clinicians to provide legal approval for abortion is a 'harmless legal fiction,' if in practice doctors are simply approving decisions that have already been made (Jackson, 2001), and that clinicians are generally proponents of the *de*medicalisation of abortion (Lee, 2017a), this study suggests that the process of obtaining an abortion in England can still feel frustrating or alienating. In a context in which individuals who require medical services like approval from GICs to medically transition, or from the state in the form of disability support, performance of 'need' is inherently political, as the standard of 'need' is constructed by neoliberal and neoconservative understandings of worthiness and deservedness (Leaney, 2016). How far this is experienced by people seeking abortions in contemporary England remains to be researched.

Finally, the applications of this work to different national and legal contexts might be considered. This study focused on one particular context, and did not seek to analyse the abortion experiences of those who travel from outside of England from countries where abortion is illegal, restricted, or difficult to access. Whilst excellent work has been undertaken on the experiences of those travelling form, for example, Northern Ireland and the Republic of Ireland to the UK for abortions (e.g. Boyle and McEvoy, 1998), undertaking qualitative work in these contexts is difficult, and much of this work has focused on socio-legal issues (e.g. Bloomer and O'Dowd, 2014). It has been argued that the phenomenon of Irish women travelling to England for abortion throws into relief wider issues of mobility rights and reproductive rights, in particular their contingency upon issues of nationality, social class and race (Gilmartin and White, 2011). Future

research might take the methodology and theoretical framework of this study in order to explore how these issues structure the experiences and narratives of the women who undertake this journey, and their relation to these broader issues of inequality.

To conclude, I would like to reflect on the wider implications of this study beyond academic research. Whilst some recommendations and suggestions for abortion practitioners have been made in the discussion above, I would like to emphasise that solutions for combatting abortion stigma and strategies for abortion support should not necessarily be primarily located in medical practice. Whilst the medical and legal construction and status of abortion is an important factor in shaping the experiences of those who have them, my analysis in this study has had more to say about issues of *self*-regulation and control in relation to abortion that that of medicine and law. This is intimately connected to the social context in which these women's narratives were being constructed. The impact of austerity in the UK is wide-ranging (Fawcett Society, 2012; Jensen, 2014b; Tyler, 2013), but abortion is an area which has not received much attention from sociologists researching the impact of austerity. More research in this area is clearly needed, but one thing is overwhelmingly clear from the findings of this study. Neoliberal austerity politics in the UK is not only detrimental in material, violent ways to those on the receiving end of the welfare reforms, unemployment, and poverty that has come with it (Fawcett Society, 2012; Jensen, 2014b; Tyler, 2013), but it is also detrimental in the subjective, affective sense for women making often difficult decisions about whether to continue or end pregnancies. Despite the Coalition government (who were the first architects of post-recession austerity in the UK) suggesting that we were 'all in it together' (Cameron, 2008), this has proven to be patently false. Neoliberal austerity politics relies on undermining collectivity and solidarity, reimagining society as a loose collection of individuals; however, at the same time, it intensifies 'classificatory struggles' by reinscribing processes of exploitation, disenfranchisement and Othering (Tyler, 2015a). Despite this, the women in this study largely expressed solidarity and a wish to collectively combat the stigma that isolated and individualised them as women who had had abortions, demonstrating a need for a project of reworking and revaluing abortion as interdependent and social rather than isolating and individualised. It is this solidarity and commitment to combatting wider processes of individualisation and classification that must lie at the heart of normalising abortion in contemporary England.

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Appendix A: Biographical sketches of participants

All names are pseudonyms.

Alex is a White, heterosexual 19-year-old undergraduate student who had a medical abortion aged 19. Her abortion was in the first trimester (12 weeks or below). She went to an all-girls grammar school before going to university, had to move several times during her childhood because of her dad's job, and she and her siblings were often looked after by au pairs whilst her parents worked. She has a boyfriend, her first, and he supported her decision to have an abortion.

Anja is a White 26-year-old woman who had a medical abortion aged 26. Her abortion was in the first trimester (12 weeks or below). She went to University and studied Drama. She lives with her long-term partner, and they both recently moved to the South of England for his work after living in Scotland for several years. Anja is originally from a European country outside of the UK. She works several part-time care-work jobs, but wants to change careers to event management.

Anna is a White, heterosexual 21-year-old who had a surgical abortion aged 20. Her abortion was in the first trimester (12 weeks or below). She was raised by her mum, who is an academic, and has an older sister. She went to an all-girls grammar school, and went to University aged 18. She now works for a University Student Union, but is considering applying to do a Masters. She considers herself middle-class.

Elizabeth is a White, heterosexual 43-year-old who had a medical abortion aged 41. She had an abortion in the first trimester, at 12 weeks or below. She works for a charity, and has a Masters degree. She was in a relationship with a married man when she became pregnant, and initially considered continuing with the pregnancy before changing her mind. She lives in the South of England.

Felicity is a European, heterosexual 41-year-old who has had three abortions aged 21, 29 and 40. Her first abortion was surgical, and the second and third were medical. She has two children, one teenager with her previous partner, and one toddler with her current partner. She also had a child with her previous partner who had cerebral palsy after complications during childbirth, and he died when he was three years old. Felicity was raised by her mum, who is a business woman; Felicity is now a yoga teacher and lives with her partner and children in the South East of England.

Heidi is a White, 25-year-old woman who had a first-trimester medical abortion aged 25. She came out as gay when she was younger, but has since also dated men and is attracted to more than one gender. She and her twin sister were conceived through IVF. Their mum was 35 when she gave birth, after wanting children for years but suffering multiple miscarriages. She describes her parents as working-class, but upwardly mobile. Heidi dropped out of school aged 16, but went to University and got her degree. She now works in a library and lives in the South East of England.

Izzy is a mixed-race, heterosexual 25-year-old who had a medical abortion aged 17. Her mum is from Namibia, and her dad was from England. He died when Izzy was 18. She has two siblings, and describes herself as the academic one of the three. She lived in Namibia for the first five years of her life, then moved to England with her family and went to an all-girls grammar school after passing the 11-Plus exam. She is now studying for a PhD.

Jackie is a 37-year-old White, heterosexual woman who had a medical abortion during the first trimester. She is married and lives with her husband and their six pets. She went to University as a mature student, and now works in sound production, as well as working part-time at a homeless shelter. During her studies at University, she was diagnosed with multiple sclerosis. Her parents were both teachers, but are now retired.

Karen is a White, heterosexual 34-year-old who had a medical abortion during the first trimester. She lives in a Northern city in a flat with two friends after breaking up with her boyfriend, as is about to move in to a place of her own. She describes her background as working-class, and her parents as aspirational. She feels that since she went to University and did a PhD she is middle-class in many ways. She is now an academic.

Lisa is a 30-year old, White, queer woman who had an abortion aged 25. Her abortion was at 12 weeks or below, and was surgical. She lives with her long-term partner in a South Eastern city, not far from the town in which she grew up. Her home town is a poor area. She describes her parents as lower-middle-class professionals who have a steady income and own their house. She left college with one A-Level, then after working in admin for a few years trained as a social worker and gained a degree.

Lucy is a White, 26-year-old who describes herself as 'soulsexual': she is attracted to people regardless of their gender. She recently broke up with her girlfriend, with whom she has had an on-again, off-again relationship. She recently moved down South from a town in the Midlands and stopped taking drugs, which she was doing regularly. She has had two abortions. Her first, aged 24, was above 13 weeks and was a surgical procedure; she initially wanted to continue the pregnancy before changing her mind. Her second abortion, aged 26, was an early medical abortion.

Nat is a 36-year old, White, heterosexual woman. She is a friend of Violet's. She is a mum to three boys, and has had two abortions, one aged 21 and one aged 29. Both abortions were surgical and below 12 weeks. Following her second abortion, she asked to be sterilised. She is married, and lives with her husband and children in a Northern city. She grew up in the city she still lives in, with her mum and siblings. She says her and her siblings were brought up on benefits, and her mum went to night school to get a degree, so Nat looked after her brothers a lot. She dropped out of school at fifteen and had her first child at 17, and then went to university. She now works as a teaching assistant.

Rebecca is a White, heterosexual 26-year-old PhD student. She has had two abortions. Her first was a second-trimester surgical abortion that she had aged 23, and her second

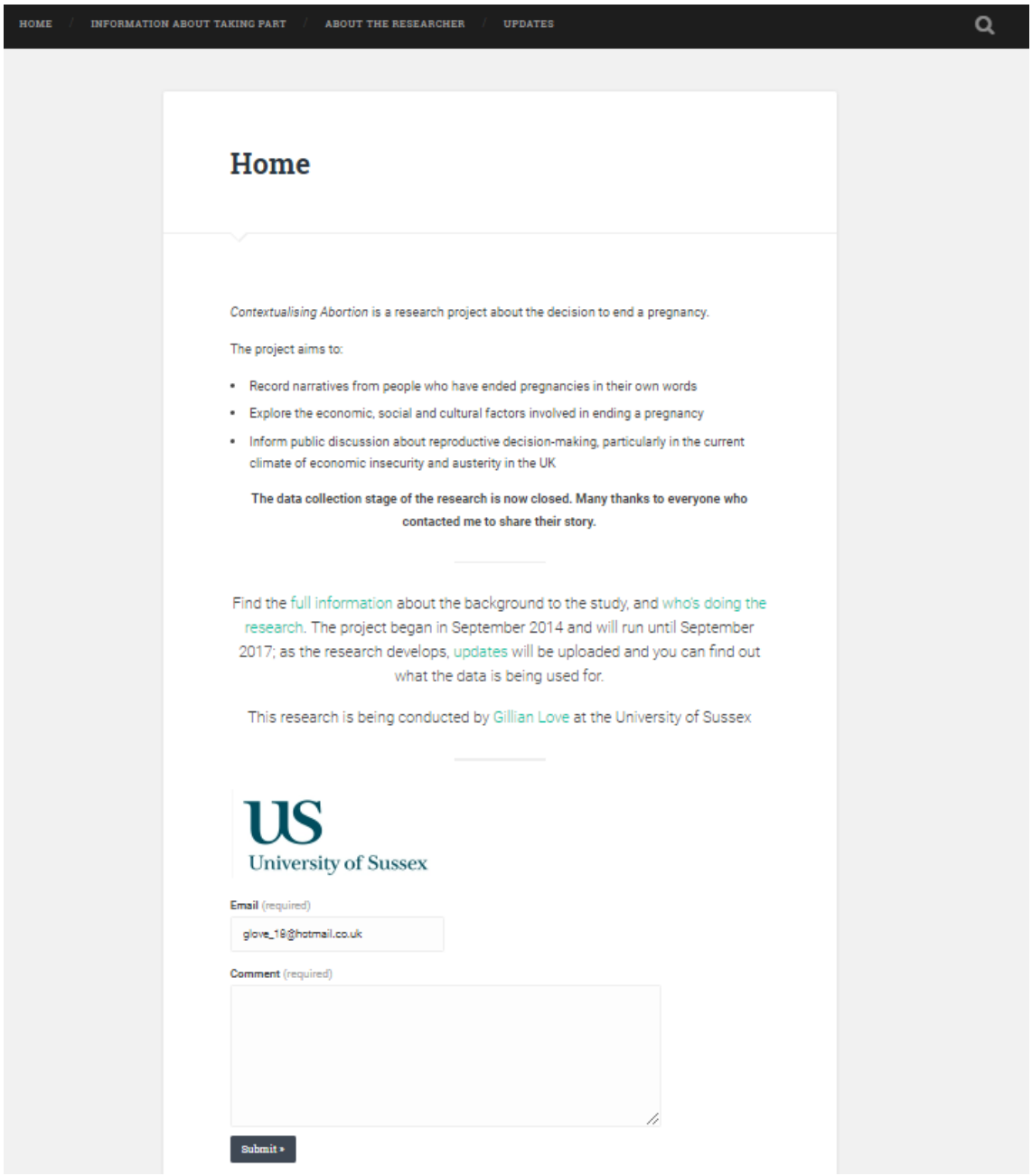
was a first-trimester medical abortion that she had aged 25. Her mum is a classroom assistant, and is divorced from her dad, a university lecturer. She has one younger sister, and they grew up in the North-East without much money. She now lives with her boyfriend, also a PhD student, in a large Northern city.

Sarah is a 21-year-old, white, heterosexual undergraduate student. She had a first-trimester medical abortion aged 21. She was rebellious as a teenager and dropped out of college, but wanted to go to university, where she now studies Film. Her parents divorced when she was five, and she was raised by her mum in what she describes as a middle-class town. She has a twin sister, an older brother, and a younger step-brother.

Violet is a 35-year-old, White, bisexual woman who had a surgical abortion when she was 30. She comes from a working-class background, left home and school at 16, then went to college later to study for A-Levels. She went to University as a mature student, where she met Nat, and is now a PhD student. She works part-time as a classroom assistant, and describes herself as a socialist. She lives in the large Northern city she grew up in.

Appendix B: Participant recruitment webpage

www.contextualisingabortion.wordpress.com



Appendix C: Recruitment poster and flyer

Recently ended a pregnancy?

I want to hear about your experience

I'm Gillian, and I'm doing a study at the University of Sussex about the decision to end a pregnancy.

No matter what your experience, I'm interested to hear from you

Ask staff at reception if you would like to know more, or contact me at g.love@sussex.ac.uk

Participants are offered £30 as a thank you for taking part in this study

contextualisingabortion.wordpress.com

g.love@sussex.ac.uk

University of Sussex

bpas British Pregnancy Advisory Service

NHS Health Research Authority

Appendix D: Participant questionnaire

Experiences of abortion

This questionnaire is part of a research project at the University of Sussex about experiences of abortion. The lead researcher is Gillian Love (g.love@sussex.ac.uk).

The questionnaire is aimed at people who have ended a pregnancy in England, Scotland or Wales since 2008. It is completely anonymous unless you choose to share your email address at the end.

1. **Have you ended a pregnancy between 2008 and the present?**
   Mark only one oval.
   - ◯ Yes
   - ◯ No *Skip to "Thank you."*

2. **Did you end the pregnancy in England, Scotland or Wales?**
   Mark only one oval.
   - ◯ England
   - ◯ Scotland
   - ◯ Wales
   - ◯ Elsewhere *Skip to "Thank you."*

3. **Did you come to England, Scotland or Wales to end a pregnancy because the country you live in does not permit (or severly restricts) abortion?**
   Mark only one oval.
   - ◯ Yes *Skip to "Thank you."*
   - ◯ No

4. **I consent to the processing of my personal information for the purposes of this research study. I understand that such information will be treated as strictly confidential and handled in accordance with the Data Protection Act 1998**
   Mark only one oval.
   - ◯ Agree
   - ◯ Disagree *Skip to "Thank you."*

About you

5. **How old are you?**

   _____

6. **How would you describe your gender?**

   _____

7. **Do you identify as trans?**
Mark only one oval.

- ◯ Yes
- ◯ No
- ◯ Unsure
- ◯ I'd prefer not to say

8. **How would you describe your ethnicity?**

_____

9. **How would you describe your sexual orientation?**

_____

10. **How would you describe your religious affiliation, if any?**

_____

11. **What is your marital status?**
Check all that apply.

- ☐ Single
- ☐ In a civil partnership
- ☐ Married
- ☐ In a relationship
- ☐ In more than one relationship
- ☐ Cohabiting
- ☐ Other: _____

12. **Do you have any children?**
Mark only one oval.

- ◯ No
- ◯ Yes

13. **What is the first half of your postcode?**
E.g. BN3

_____

14. **What is your occupation at the moment?**

_____

15. **How did you hear about this study?**
Mark only one oval.

- ◯ At the BPAS clinic in Brighton
- ◯ At the BPAS clinic in Streatham
- ◯ Online (Twitter, Facebook, etc.)
- ◯ Word of mouth
- ◯ Other: _____

Ending your pregnancy

On this page, there are questions about your experience of ending a pregnancy. Answer as many or as few as you want to

16. **In which year did you end your pregnancy?**
If you ended more than one pregnancy between 2008 and the present, tick all that apply
Check all that apply.

- ☐ 2008
- ☐ 2009
- ☐ 2010
- ☐ 2011
- ☐ 2012
- ☐ 2013
- ☐ 2014
- ☐ 2015
- ☐ 2016
- ☐ 2017
- ☐ 2018

17. **If you also ended any pregnancies before 2008, how many and in what years did they take place?**

_____

18. **At how many weeks gestation did the pregnancy end?**
If there was more than one between 2008 and the present, tick all that apply
Check all that apply.

- ☐ 12 weeks or below
- ☐ 13-20 weeks
- ☐ 21-24 weeks
- ☐ Above 24 weeks
- ☐ Unsure

19. **Which medical professional/service did you contact first about ending the pregnancy/pregnancies?**
Check all that apply.

- [ ] GP
- [ ] Abortion provider (e.g. BPAS or Marie Stopes)
- [ ] Unsure
- [ ] Other: _____

20. **Which provider did you go to for the procedure?**
If more than one, tick all that apply
Check all that apply.

- [ ] NHS hospital
- [ ] Private hospital
- [ ] BPAS (British Pregnancy Advisory Service)
- [ ] Marie Stopes
- [ ] Unsure
- [ ] Other: _____

21. **What sort of procedure did you have?**
If more than one, tick all that apply
Check all that apply.

- [ ] Surgical
- [ ] Medical (I was given a pill/some pills to take at home)
- [ ] Unsure
- [ ] Other: _____

22. **Which factors would you say were important when you were deciding whether or not to end your pregnancy/pregnancies?**
These are reasons people have given in previous research about why they chose abortion. Tick all that apply to you, and add your own in the 'Other' box.
Check all that apply.

- [ ] Not wanting to go through pregnancy
- [ ] Results of testing (e.g. discovering an abnormality)
- [ ] Lack of financial stability
- [ ] Your education
- [ ] Your work
- [ ] Your partner's feelings
- [ ] Feeling unprepared to raise a child
- [ ] Not wanting to have children
- [ ] Not having a partner
- [ ] Other: _____

23. **Which emotions did you feel at the time of ending the pregnancy?**
These are answers people have given in previous research about why they chose abortion. Tick all that apply to you, and add your own in the 'Other' box.
Check all that apply.

- [ ] Depression
- [ ] Happiness
- [ ] Confusion
- [ ] Relief
- [ ] Sorrow
- [ ] Anxiety
- [ ] Guilt
- [ ] Frustration
- [ ] Calm
- [ ] Pride
- [ ] Other: _____

24. **Which emotions do you feel today about ending the pregnancy?**
Check all that apply.

- [ ] Anxiety
- [ ] Guilt
- [ ] Confusion
- [ ] Relief
- [ ] Pride
- [ ] Depression
- [ ] Happiness
- [ ] Calm
- [ ] Sorrow
- [ ] Frustration
- [ ] Other: _____

25. **Briefly describe the circumstances surrounding the decision to end your pregnancy/pregnancies between 2008 and the present**
This is optional, and you can include as much or as little detail as you like

_____

_____

_____

_____

_____

Skip to question 26.

Thank you

If you have been directed here, it means you don't fit the eligibility criteria for this study.

To take part, you must:

- Be over 18

- Have ended a pregnancy in England, Scotland or Wales
- Have ended a pregnancy between 2008 and the present
- NOT have come to England, Scotland or Wales from a country which restricts or bans abortion.

Thank you for your interest and your time.

If you are interested in finding out more about the research and keep up-to-date with its findings, you can visit the project's website at contextualisingabortion.wordpress.com.

You can also contact the lead researcher, Gillian Love, for more information at g.love@sussex.ac.uk.

Thank you.

Thank you - and continue taking part

Thank you for taking the time to fill out this questionnaire.

The main part of this research project will be meeting with people who have ended pregnancies and talking to them about their experiences.

If you would be interested in finding out more about this, please leave your email address. This won't be taken as consent to take part further; the researcher will contact you will full information and you can decide in your own time.

In the meantime, you can find out more at contextualisingabortion.wordpress.com, including the study's findings as they come in.

26. **My email address:**

Appendix E: Participant consent form

University of Sussex

CONSENT FORM FOR PROJECT PARTICIPANTS

PROJECT TITLE: Exploring experiences of abortion

		Please initial
1.	I confirm that I have read the information sheet dated 05/10/15 (version 10) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	☐
2.	I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason. I understand that after September 2016, data collected as part of this study may have already been published, and cannot be withdrawn.	☐
3.	I understand that any information I provide is confidential, and that no information I disclose will lead to the identification of any individual in the reports on the project, either by the researcher or by any other party. I understand that the only reason confidentiality would be broken is if the researcher believes a vulnerable person is in danger of harm, and that that the researcher has no obligation to report illegal activity (but that such information may subsequently be required by Police).	☐
4.	I understand that interviews with the researcher will be audio recorded, and I give my permission for this.	☐
5.	I understand that only the lead researcher (Gillian Love) and one other person hired to help process the data will have access to these audio recordings. I understand that they will be kept securely for no longer than is necessary.	☐
6.	I understand that direct quotations from these anonymised interviews will be used by the researcher in publications arising from this research.	☐
7.	I understand that the data collected will be used to support other research in the future, and may be shared anonymously with other researchers. I give my permission for this.	☐
8.	I agree to take part in the above study.	☐

Name of Participant	Date	Signature

Version 7 – Last updated 05/10/2015

Appendix F: Participant Information Sheet

University of Sussex

PARTICIPANT INFORMATION SHEET

'EXPLORING EXPERIENCES OF ABORTION'

You are being invited to take part in a research study. Before you decide whether or not to take part, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully.

WHAT IS THE PURPOSE OF THE STUDY?
The purpose of this study is to understand all of the factors that come in to the decision to end a pregnancy. The research is about your experiences, feelings and perceptions, so there are no right or wrong answers.

WHY HAVE I BEEN INVITED TO PARTICIPATE?
You have received this information sheet because you fit the inclusion criteria and have expressed an interest in taking part in this study.

DO I HAVE TO TAKE PART?
Taking part is entirely voluntary, and it is up to you to decide based on this information. If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent form. If you decide to take part you are still free to withdraw at any time and without giving a reason.

WHAT WILL HAPPEN TO ME IF I TAKE PART?
First of all, you will be asked to fill in a short questionnaire about your name, age, ethnicity and so on, as well as some questions about ending your pregnancy (when it happened and the circumstances surrounding it etc.).

Second, if you are happy to be interviewed, the researcher will arrange for a time to meet you face-to-face. This should be a time that you are free for around 2 hours; exactly when and where to meet is entirely up to you.

The topic of conversation will be your experiences, thoughts and memories of significant moments in your life, including your experience of ending a pregnancy. Rather than a formal 'interview', think of this as a conversation where the focus is your life – the researcher will ask some questions, but you should feel free to talk about whatever comes to mind in response.

The purpose of the interviews is to end up with a detailed life story, including the decision to end your pregnancy. With your permission, the conversation will be recorded, and the researcher may make some written notes. You should feel free to ask the researcher about the research at any point.

After the first interview, the researcher will arrange to meet one more time within a month, once again for around 2 hours.

After the meetings are finished, the recorded conversation will be typed up. This typed transcript will be sent to you to read over (if you would like to and have time). This is to make sure the researcher got everything right.

WHAT ARE THE POSSIBLE DISADVANTAGES AND RISKS OF TAKING PART?
There aren't any major risks in participating in the study, but there may be a few disadvantages. The first is that you'll be sacrificing your time (the researcher will be offering every participant £30 to say thank you for this).

The other possible disadvantage is if any aspect of the life story or of talking about ending your pregnancy is upsetting. If this is the case, the researcher can provide you with a list of contacts and resources for you to seek help with any issues discussed in the interview.

WHAT ARE THE POSSIBLE BENEFITS OF TAKING PART?
There are possible benefits to participating in this study. The first is that it's not always easy to talk about things like ending a pregnancy, and in these interviews you'll have as much time as you want, in a judgement-free space, to talk about your experience. The other benefit is that you'll be contributing to research that will add to society's knowledge about experiences like yours, and informing public discussion about abortion from the perspective of real, lived experience.

Everyone who takes part will be given £30 to say thank you for their time and for sharing their story.

WILL MY INFORMATION IN THIS STUDY BE KEPT CONFIDENTIAL?
All data (interview transcripts and recordings) will be kept securely, and will be anonymised. This means that although the researcher will personally know who participants are, the written transcripts will not identify you (e.g. by replacing names, street names etc. with false names). There will be no way to trace individual responses back to the person who provided them.

The only reason recordings of interviews would be shared is if someone is hired to help type up the interviews. This person will formally agree to also store the files securely and not share any identifying information.

You will be given the opportunity to be sent a typed-up version of the interview. This will be sent via an encrypted email. This means that the email will be password protected so that only the you can open it. You can contact the researcher if you forget the password.

Data with identifying information will be destroyed a year after the study ends. Data with the identifying information removed will be shared through the UK Data Service, a database which allows researchers to access data collected by others.

Your confidentiality will not be broken (i.e. nothing of what you say in interviews will be repeated anywhere else) except under the following circumstances:

- The researcher believes someone is in immediate danger of harm which could be prevented by breaking confidentiality
- Disclosure of current child abuse, which researchers are obliged to report
- If Police request a statement from the researcher about illegal activity which is being investigated in relation to the participant

In line with ethical practice, the researcher would endeavour to talk to you first before breaking confidentiality, and will avoid the need to break confidentiality as far as possible.

WHAT WILL HAPPEN IF I CHANGE MY MIND ABOUT TAKING PART?

You can withdraw from the study at any time – before, during or after any interviews take place. If you withdraw before September 2016, recordings of our conversations will be deleted and won't be used at all in the research. You don't have to give a reason for withdrawing.

After September 2016, you won't be able to withdraw your data because by then the research will be almost complete, and parts of it may have been published. Remember, however, that data used in the research and in publications will still be anonymous and no one will be able to link it back to you.

WHAT SHOULD I DO IF I WANT TO TAKE PART?
If you would like to take part, please contact the researcher using the information at the bottom of this sheet indicating that you are interested.

WHAT WILL HAPPEN TO THE RESULTS OF THE RESEARCH STUDY?
The results of this study will be used for the researcher's doctoral qualification. The results will be written up in a thesis, which will then be examined and marked.

In addition, the results will form the basis of some papers, which will be published in academic journals. The website associated with this study (www.contextualisingabortion.wordpress.com) will also be updated as the research goes on; you can find out what is being done with the results there.

WHO IS ORGANISING AND FUNDING THE RESEARCH?
The researcher is conducting this research as a student of the University of Sussex, specifically the School of Law, Politics and Sociology. It is funded by the Economic and Social Research Council (ESRC).

WHO HAS APPROVED THIS STUDY?
This research has been approved by:

- The University of Sussex's cross-school arts and social sciences ethics committee.
- The British Pregnancy Advisory Service
- London Surrey Borders Research Ethics Committee

This means these bodies are confident that the researcher will carry out this research in an ethical way.

INSURANCE INFORMATION
The University of Sussex has insurance in place to cover the legal liabilities in respect of this study.

CONTACT FOR FURTHER INFORMATION

Researcher/Chief Investigator: Gillian Love (g.love@sussex.ac.uk).

Project website: www.contextualisingabortion.wordpress.com

If you have any concerns about this study, please contact supervisors Dr. Alison Phipps (a.e.phipps@sussex.ac.uk) or Dr. Tamsin Hinton-Smith (j.t.hinton-smith@sussex.ac.uk)

If you wish to contact someone outside of the research team, please email the University of Sussex's cross-school arts and social sciences ethics committee at c-recss@sussex.ac.uk or the University's Research Governance Office at rgoffice@sussex.ac.uk

Version 10
05/10/15

THANK YOU

Thank you for taking the time to read this information sheet. If you have decided not to take part in this project, no further contact with me is required. If you are unsure and require more information, please feel free to contact me using the information above. If you have decided to take part, many thanks, and I look forward to hearing from you.

Appendix G: Post-interview resource sheet for participants

Thank you and further resources

Thank you for taking part in my study today.

If you were affected by any of the issues we discussed in our interview, here are some resources and contacts for you to use if you would like to talk further, or find information:

National Helplines:

These helplines are staffed by specially-trained staff or volunteers who will listen without judgement. Helpline staff cannot necessarily give counselling or advice but can provide information about other services.

Samaritans – "Talk to us any time you like, in your own way, and off the record, about whatever's getting to you You don't have to be suicidal."
08457 90 90 90

Supportline – "We work with callers to develop healthy, positive coping strategies, an inner feeling of strength and increased self esteem to encourage healing, recovery and moving forward with life."
01708 765200

Mind – "Our team provides information on a range of topics including types of mental health problems, where to get help, medication and alternative treatments, and advocacy"
0300 123 3393 – 9am-6pm, Mon-Fri
Or text 86463

Abortion support and information:

BPAS (British Pregnancy Advisory Service) post-abortion counselling
03457 30 40 30
Bpas.org/bpaswoman/counselling

Marie Stopes post-abortion counselling
0333 331 5046
mariestopes.org.uk/women/abortion/abortion-aftercare

HealthTalk Online – Free, reliable information based on real-life experiences – there is a specific section about people with experience of ending a pregnancy for fetal abnormality.
healthtalk.org/peoples-experiences/pregnancy-children/ending-pregnancy-fetal-abnormality/topics

General counselling services:

NHS – You can talk to your GP about accessing counselling services through the NHS. Information about counselling and what it involves can be found here:
www.nhs.uk/conditions/counselling

Relate – Specialist counselling services related to relationships, family and sex. Fees are on a sliding scale depending on what you can afford.
Relate.org.uk
0300 100 1234

Specialist services:

National Rape & Sexual Abuse Helpline
0808 802 9999 – open 12pm-2.30pm and 7pm-9.30pm daily

Broken Rainbow – LGBT Domestic Violence Charity
0300 999 5428 or 0800 999 5428– Open Mon and Thurs 10am-8pm, and Tues, Thurs and Fri 10am-5pm

National Domestic Violence Helpline
0808 2000 247 – open 24/7

Version 1 – Last updated 13/12/14

Appendix H: Coding 'tree'

Name
1a. Experience factors
Changed attitude to abortion or politicisation
Choosing medical v surgical
Contraception
Counselling
Disclosing to others
Doubt or changing your mind
Effects the abortion had afterwards
Emotional reaction
Depression
Detachment
Embarrassment
Guilt or regret or shame
it really isn't an issue for me
Relief or gratitude
Resentment
Sadness or crying
Sentiment
Shock or disbelief
Trauma
Expectations versus reality
Experience of pregnancy
Experiencing difference

Name
Feelings about the body
Feelings of inadequacy
Femininity, womanhood
Finding info on abortion
Friends
How the abortion affected the future
I don’t think it really shaped anything that came after it,
I don't think I could do that again
I just wanted it over and done with
Inequality of experiences
it did annoy me that you have to justify yourself
Media representations
Medical staff
Medicalisation
Mental health
Miscarriage
Motherhood
Moving on
Multiple abortions
Physical reaction
Public discourse
Punishment
Repro choice and control
Reproductive health

Name
Self-care
Sex
Sterilisation
Stigma
Encounters with pro-lifers
Opposition from others
Respectable abortion
Support networks
The foetus or baby
The procedure
The scan
The self and the other
Thoughts on gender and feminism
Thoughts on gestational age
Understanding her actions
Unjustifiable abortions
Not judging other women
Wanting to do it alone
1b. Decision factors
Adoption
Advice from others
Age
Already had kids
Aversion to planning

Name
Aversion to pregnancy and childbirth
Balancing work and family
Complexity
Concerns about alcohol or drugs
Future abortions
Having kids (or not); motherhood
Hopes and dreams, plans for the future
I'd never thought it would happen to me
It was a no-brainer
It was hard, but it was right
It's something you never want to have to do
Job, financial or living instability
Lack of support
Managing relationships with others
Mental health
Parents
Dad
Mum
Partner or ex-partner's role
Religion
Wanting to delay childbearing
Welfare of the potential child
2. Class
Act of classification

Name
Aspiration
Austerity or contemporary issues
Belonging
Class
Class position
Denial of class
Education
Embodiment
Expectations or Normality
Experiencing difference
Generational influences
I'm really careful
Judgement of others
Knowing others who had children
Middle-class identity or values
Mobility
Money
Neoliberalism
Precarity
Regulation
Resistance
Responsibility
Role of motherhood
Snobbery

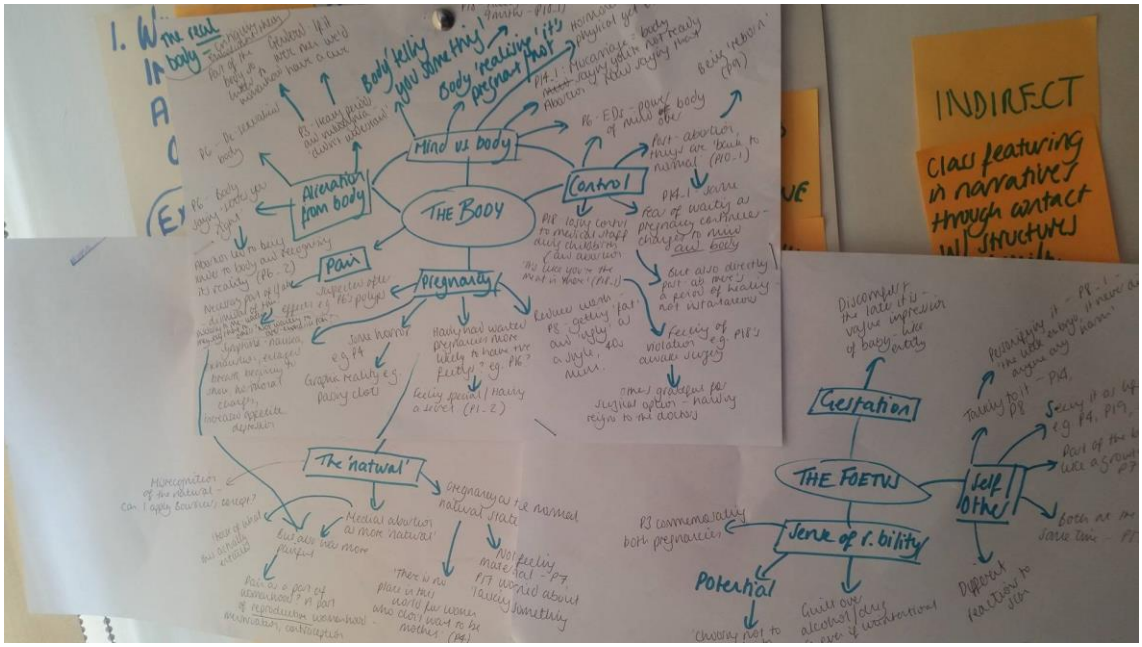
Name
Struggle
Survival
The past
Work
Working-class identity or values
You make it work
3. Narrative
Commentary
Formative experiences
Ideal life
Identity
As a woman who has had an abortion
Sexuality
Mental health
Narrative categories
Assertion or argument
Narrating a story
Reporting facts or events
Reasons for taking part
What narrative purpose the abortion serves
Moment of decision to change

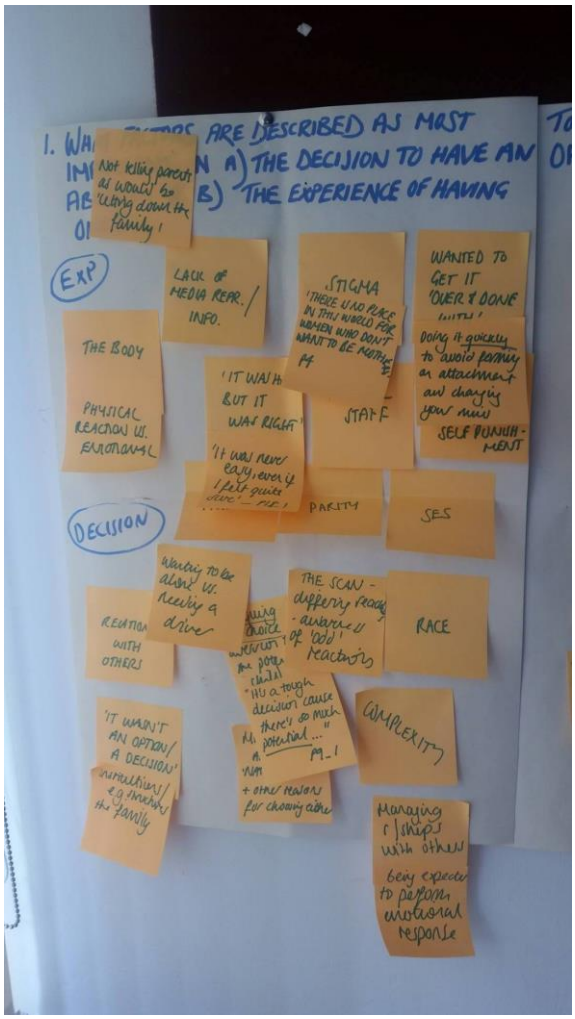
Appendix I: Extract from analysis grid

	Class story	Abortion cultural scripts – use/resistance
P1	P1 grew up in a single-parent family without much economic capital – her, her mum and her sister had to live with their grandparents for years. Her mum moved into teaching after working at universities in order to earn money (I'm not sure how true P1's assessment is of this) and hated it – this is not framed by P1 as a sacrifice but certainly sounds like one. However, her mum is an academic, as is her father. They clearly have high amounts of cultural (and possibly social) capital. They both have PhDs, and her mum has worked in various Russell Group universities, which she didn't seem very proud or impressed by. She noted that no one does academia for the money. After her mum and dad split up when she was 5, they moved countries – she was in France and moved with her mum back to England. After going to university, she says she now sees her hometown as a 'dump', small-mind no very vibrant, and full of 'sleazy men.' She went to an all-girls school, and went to university at 18. It was very much expected of her to go to university, and her mum had firm ideas about which universities were good. She says she was never pushed, but only because her mum saw it as a 'fact of life' that she would go. She clearly felt very at home at university, found it a liberating experience, and was involved with political societies from her first year onwards. She is working for the student's' union after graduating, and is contemplating travelling or doing a Masters. Whilst she is not in possession of a high salary, she is not struggling by any means, and doesn't feel any pressure to keep earning money or start a career. The only thing she identifies as holding her back is her lack of confidence, because she's never travelled alone before. Ultimately, her motivation in life is pleasure-seeking. She does identify that she is middle-class, but seemed uncomfortable when asked to explain what she meant by 'middle-class values' – she fell back on things like eating hummous. But it's clear she does have a cultural view of class. She gives the example of having access to lots of books as a child and being encouraged to read; not being nationalistic; being feminist; changing her accent.	She locates herself very firmly in a well-established category: middle-class women who have not finished their education who accidentally get pregnant and have abortions in order to delay child-bearing. She says, 'My mum had me when she was thirty-five, my grandma had my mum when she was in her thirties, like, it's not (.) usual in my family, like, people don't have kids young, so.' This is a well-established category and one which, with the virtue of her young age, is generally identified as an 'understandable' abortion story, particularly because she says she definitely wants children later on. This seems validated by the fact that the process was very easy for her to obtain the abortion (although to be fair no one has really described the opposite experience). She also notes that her involvement in feminist groups (something she suggests might be middle-class) meant she knew exactly what to do when she wanted an abortion. She is very much able to use the 'fact of life' middle-classness she has grown up with in order to draw on that cultural script. Having a baby 'wasn't an option', and it was simply a 'fact of life' that she would have an abortion. Interestingly, she sees herself as potentially more precarious than she actually is; for example, she talks about being 'practically homeless' when she had to live with her mum for a few months before she got a job after she graduated. The fact her and her mum had to share a bed was obviously important to her – even though her mum lives in a one-bedroom cottage, which doesn't really scream 'precarity'. She isn't precarious at all, because she is able to fall back on her mum for financial support and shelter. I might go as far as to say that she is somewhat aware of the potential criticism that she would easily be able to raise a child in her position, and therefore emphasises these aspects of precarity in order to make her story even more 'understandable.' I think the emergence and identification of this precarious group – not the precariat, but the 'emerging service workers' of the BCS – lends some more resources for middle-class graduates/students to justify their reproductive choices with. If you go to university today, your point at which it's not precarious anymore is getting older and older compared to our parents'

	Her regional accent is very refined now, and she does recall that when she and her sister briefly went to a comprehensive, their regional accents got stronger and her mum hated it. She also claims even the teachers realised her and her sister didn't 'belong' in the comprehensive, and they were moved to the all-girls school. At this school, she felt like she belonged culturally, but was poorer than most of her classmates. She describes this as something that people noticed and marked her out, but she doesn't seem to have experienced that negatively, instead taking a kind of pride in not being a rude, posh, rich person, and not investing in things like nice clothes and holidays. She talks about being a bit of a scatty, dirty teenager and this marking her out as poorer, which is interesting because being a bit scatty and dirty is actually one of the things middle-class people get away with being quite easily. 'So it's like, we all agreed, out of my friendship group I was definitely the poorest, but we were all, like middle-class.' Class for her only began to be noticeable when she went to the grammar school. She says she comes from 'a long line of feminists', particularly her gran who didn't have children until she was in her thirties and asserted her identity as a non-traditional woman. Feminism is one of the things she notes as potentially part of middle-classness.	generation. This is a real, material inequality and concern, but it's interesting to see how it is used by middle-class students/graduates to further justify their choices.
P3	P3 is doing a PhD, and is in a relationship with a man who is also doing a PhD. They live together in a nice flat in a large Northern city. They've moved around a lot, and are planning to move again soon, and potentially buy a property. Her mum stopped working when P3 was 15, and before that sacrificed her career to look after her and her sister. She now works as a classroom assistant, but also relies on support from her dad. Her dad works in universities. She says both have been hit by the recession, and they aren't a resource she could fall back on. She describes them as not having much money, and remembers 'scraping together' was a feature of her childhood. She recounts a time she asked her grandparents, who were better off, to buy her an Adidas outfit, because she was picked on for not having cool clothes. She says this was In her mind when she decided to have her first abortion: she wants to provide for her children so they don't feel the same way she did.	At the time of her first abortion, P3's situation did sound precarious: She was living with her parents (I think), or perhaps she had moved to London at this point. She was working several jobs and the relationship she was in wasn't very secure. She was finding it hard to find a job that wasn't minimum wage. And her entitlement to benefits wasn't particularly good. She very firmly asserts that the responsibility for her situation was structural, rather than her being mentally unprepared to raise a child – 'the main reason that I couldn't do it was because I was poor, basically. I remember the nurse, she was like, well, can you give your reason, and I was like, David Cameron (laughs).' She also notes that she'd have been looking after other people's children in order to look after her own: she's drawing on socialist critiques here of labour. She explicitly links that to the structural conditions of austerity. At the time of her second pregnancy, she felt more doubt. She was in a position to potentially have a child, and knew she wanted children at some point. But

Appendix J: Examples of analysis diagrams and visual aids





Appendix K: University of Sussex ethical approval

University of Sussex

Certificate of Approval	
Reference Number:	ER/GL205/2
Title Of Project:	Contextualising abortion: A life narrative study of abortion and social class
Principal Investigator (PI):	Gillian Love
Student:	Gillian Love
Collaborators:	
Duration Of Approval:	n/a
Expected Start Date:	02-Mar-2015
Date Of Approval:	10-Feb-2015
Approval Expiry Date:	01-Sep-2017
Approved By:	Jayne Paulin
Name of Authorised Signatory:	Janet Boddy
Date:	10-Feb-2015

*NB. If the actual project start date is delayed beyond 12 months of the expected start date, this Certificate of Approval will lapse and the project will need to be reviewed again to take account of changed circumstances such as legislation, sponsor requirements and University procedures.

Please note and follow the requirements for approved submissions:

Amendments to protocol

* Any changes or amendments to approved protocols must be submitted to the C-REC for authorisation prior to implementation.

Feedback regarding the status and conduct of approved projects

* Any incidents with ethical implications that occur during the implementation of the project must be reported immediately to the Chair of the C-REC.

Feedback regarding any adverse and unexpected events

* Any adverse (undesirable and unintended) and unexpected events that occur during the implementation of the project must be reported to the Chair of the Social Sciences C-REC. In the event of a serious adverse event, research must be stopped immediately and the Chair alerted within 24 hours of the occurrence.

Appendix L: bpas ethical approval

4th January 2016

Ms Gillian Love
61 Addison Road,
Hove,
East Sussex,
BN3 1TS

Dear Ms Love

RE: Contextualising Abortion: A life narrative study of abortion and social class

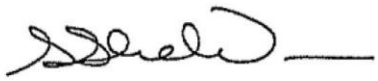
Thank you for your revised documents as requested by the BPAS REC following the changes that you made in order to gain NHS approval.

All of your documentation had been previously reviewed by members of the BPAS' Research and Ethics Committee and I am pleased to advise you that your application has been approved.

If you have any questions please do not hesitate to contact Jeanette Taylor **bpas** Research Nurse at her email address jeanette.taylor@bpas.org in order to facilitate co-ordination of any project needs.

We look forward to working with you.

Yours sincerely



Professor Sally Sheldon
Chair, BPAS Research and Ethics Committee

Appendix M: NHS REC ethical approval

NHS
Health Research Authority
London – Surrey Borders Research Ethics Committee
Research Ethics Committee (REC) London Centre
Ground Floor, Skipton House
80 London Road
London
SE1 6LH
Telephone: 020 7972 2491

30 November 2015

Ms. Gillian Love
61 Addison Road
Hove
East Sussex BN3 1TS

Dear Ms. Love,

Study title:	**Contextualising Abortion: A life narrative study of abortion and social class**
REC reference:	**15/LO/1484**
Protocol number:	**N/A**
IRAS project ID:	**171208**

Thank you for your letter of 05 October 2015, responding to the Committee's request for further information on the above research and submitting revised documentation.

The further information has been considered on behalf of the Committee by the Vice-Chair.

We plan to publish your research summary wording for the above study on the HRA website, together with your contact details. Publication will be no earlier than three months from the date of this opinion letter. Should you wish to provide a substitute contact point, require further information, or wish to make a request to postpone publication, please contact the REC Manager, Mr. Ian Braddick at: nrescommittee.london-surreyborders@nhs.net.

Confirmation of ethical opinion

On behalf of the Committee, I am pleased to confirm a favourable ethical opinion for the above research on the basis described in the application form, protocol and supporting documentation as revised, subject to the conditions specified below.

Conditions of the favourable opinion

The REC favourable opinion is subject to the following conditions being met prior to the start of the study.

Management permission must be obtained from each host organisation prior to the start of the study at the site concerned.

Management permission should be sought from all NHS organisations involved in the study in accordance with NHS research governance arrangements. Each NHS organisation must confirm through the signing of agreements and/or other documents that it has given permission for the research to proceed (except where explicitly specified otherwise).

Guidance on applying for NHS permission for research is available in the Integrated Research Application System, www.hra.nhs.uk or at http://www.rdforum.nhs.uk.

Where a NHS organisation's role in the study is limited to identifying and referring potential participants to research sites ("participant identification centre"), guidance should be sought from the R&D office on the information it requires to give permission for this activity.

For non-NHS sites, site management permission should be obtained in accordance with the procedures of the relevant host organisation.

Sponsors are not required to notify the Committee of management permissions from host organisations

Registration of Clinical Trials

All clinical trials (defined as the first four categories on the IRAS filter page) must be registered on a publically accessible database within 6 weeks of recruitment of the first participant (for medical device studies, within the timeline determined by the current registration and publication trees).

There is no requirement to separately notify the REC but you should do so at the earliest opportunity e.g. when submitting an amendment. We will audit the registration details as part of the annual progress reporting process.

To ensure transparency in research, we strongly recommend that all research is registered but for non-clinical trials this is not currently mandatory.

If a sponsor wishes to contest the need for registration they should contact Catherine Blewett (catherineblewett@nhs.net), the HRA does not, however, expect exceptions to be made. Guidance on where to register is provided within IRAS.

It is the responsibility of the sponsor to ensure that all the conditions are complied with before the start of the study or its initiation at a particular site (as applicable).

Ethical review of research sites

NHS sites

The favourable opinion applies to all NHS sites taking part in the study, subject to management permission being obtained from the NHS/HSC R&D office prior to the start of the study (see "Conditions of the favourable opinion" below).

Non-NHS sites

Approved documents

The final list of documents reviewed and approved by the Committee is as follows:

Document	*Version*	*Date*
Copies of advertisement materials for research participants [Recruitment poster (non-BPAS)]	3	14 January 2015
Copies of advertisement materials for research participants [Recruitment poster (BPAS)]	2	14 August 2015
Copies of advertisement materials for research participants [Website screenshot]	2	14 August 2015
Covering letter on headed paper [Cover letter]		25 June 2015
Covering letter on headed paper [Cover letter]		05 October 2015
Evidence of Sponsor insurance or indemnity (non NHS Sponsors only) [Sponsorship approval letter]	1	23 June 2015
GP/consultant information sheets or letters [Information Sheet for BPAS staff]	1	14 January 2015
Interview schedules or topic guides for participants [Interview Schedule]	2	13 December 2015
IRAS Checklist XML [Checklist_29102015]		29 October 2015
Letter from funder [Letter from funder]		11 April 2015
Letter from sponsor [Sponsorship approval letter]	1	23 June 2015
Other [Letter from BPAS REC]		19 June 2015
Other [Tasmin Hinton-Smith CV]		
Other [Thank you and further resources]	1	13 December 2014
Participant consent form [Permission to Contact Form]	2	14 August 2015
Participant consent form [Consent form with tracked changes]	7	05 October 2015
Participant consent form [Consent form (clean)]	7	05 October 2015
Participant information sheet (PIS) [Participant Information Sheet with tracked changes]	10	05 October 2015
Participant information sheet (PIS) [Participant Information Sheet (clean)]	10	05 October 2015
REC Application Form [REC_Form_13102015]		13 October 2015
Referee's report or other scientific critique report [Certificate of Approval - Univeristy of Sussex]		10 February 2015
Research protocol or project proposal [Research Protocol]	5	04 June 2015
Summary CV for Chief Investigator (CI) [Gillian Love CV]	1	04 June 2015
Summary CV for supervisor (student research) [Dr Alison Phipps CV]	1	04 June 2015
Summary, synopsis or diagram (flowchart) of protocol in non technical language [Protocol diagram]	1	25 June 2015
Validated questionnaire [Questionnaire]		

Statement of compliance

The Committee is constituted in accordance with the Governance Arrangements for Research Ethics Committees and complies fully with the Standard Operating Procedures for Research Ethics Committees in the UK.

After ethical review

Reporting requirements

The attached document *"After ethical review – guidance for researchers"* gives detailed guidance on reporting requirements for studies with a favourable opinion, including:

- Notifying substantial amendments
- Adding new sites and investigators
- Notification of serious breaches of the protocol
- Progress and safety reports
- Notifying the end of the study

The HRA website also provides guidance on these topics, which is updated in the light of changes in reporting requirements or procedures.

User Feedback

The Health Research Authority is continually striving to provide a high quality service to all applicants and sponsors. You are invited to give your view of the service you have received and the application procedure. If you wish to make your views known please use the feedback form available on the HRA website:
http://www.hra.nhs.uk/about-the-hra/governance/quality-assurance/

HRA Training

We are pleased to welcome researchers and R&D staff at our training days – see details at
http://www.hra.nhs.uk/hra-training/

15/LO/1484	**Please quote this number on all correspondence**

With the Committee's best wishes for the success of this project.

Yours sincerely,

Mr. Derek Cock
Vice-Chair

Email:nrescommittee.london-surreyborders@nhs.net

Enclosures: "After ethical review – guidance for researchers"

Copy to: *Dr. Richard De Visser*